AJCC E-MEDIA POLICY ACKNOWLEDGMENT FORM

I, , have read and understand SDWP's Operations Manual, Chapter 10: Privacy and Security and agree with them. I understand that all E-media activities conducted while doing business at SDWP and the AJCC Operator are the property of SDWP. I also agree to the following:

SDWP reserves the right to monitor and log all electronic activity conducted on any SDWP and/or AJCC network resource, with or without notice.
Users should have no expectations of privacy in the use of these resources.
Non-compliance with any term or condition of this policy may result in disciplinary action, including termination of employment.
SDWP will not be responsible for any damages that users may suffer from, or related to their use of any SDWP and AJCC network electronic media resources, including, but not limited to, loss of data resulting from delays or service interruptions.

Employee Name	**Title**
Phone Number	**Department**
Organization Name	**Grant(s)**
Location ☐ SDWP ☐ Metro ☐ South Metro ☐ South County ☐ East County ☐ North County Coastal ☐ North County Inland ☐ Other:	
Status ☐ Full-time ☐ Part-time ☐ EDD ☐ Other:	

User Name	**User Signature**	**Date**
AJCC Manager Name	**AJCC Manager Signature**	**Date**

Users must sign the E-media Policy Acknowledgment form before computer and/or network use is authorized. Once completed, the form must be emailed to helpdesk@workforce.org.