



PINAL COUNTY EMPLOYEE POLICY ACKNOWLEDGEMENT

I acknowledge that Pinal County has specific policies that govern the use of:

1. Computer Software Management (Policy 2.40)
2. Electronic Mail Usage (Policy 2.50)
3. Internet Access and Usage (Policy 2.60)
4. Radio Communications (Policy 2.70)

I understand that I have the responsibility to read, understand and comply with each of these policies, as well as all of the policies published by Pinal County. I certify that I have been issued these policies and I also certify that I have been advised that copies of all the County policies and procedures are available to me for reference, at any time, from any place, by going to the County Human Resources Web site located at www.pinalcountyz.gov/Departments/HumanResources.

I understand that failure to comply with any of the above noted policies may result in the loss of the privilege to use the services referenced in the policy and/or may subject me to disciplinary action.

Employee Name (Print): _____

Department: _____ Extension: _____

Employee Signature: _____ Date: _____

Supervisor Name (Print): _____ Cost Center: _____

Supervisor Signature: _____ Date: _____

NOTE: Send the (ORIGINAL) signed acknowledgement to Human Resources
Send a (COPY) to the Information Technology Department (MIS).