



Information Technology Employee Acceptable Use Agreement

Version: 2.1

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Contact: [James Davis](#)

As a user of the Virginia Community College System's local and shared computer systems, I understand and agree to abide by the following acceptable use agreement terms. These terms govern my access to and use of the information technology applications, services and resources of the VCCS and the information they generate.

The VCCS has granted access to me as a necessary privilege in order to perform authorized job functions at the institution where I am currently employed. I will not knowingly permit use of my entrusted access control mechanism for any purposes other than those required to perform authorized employment functions. These include logon identification, password, workstation identification, user identification, file protection keys or, production read or write keys.

I will not disclose information concerning any access control mechanism unless properly authorized to do so by my employer. I will not use any access mechanism that the VCCS has not expressly assigned to me. I will treat all information maintained on the VCCS computer systems as strictly confidential and will not release information to any unauthorized person.

I agree to abide by all applicable state, federal, VCCS, and college policies, procedures and standards that relate to the [VCCS Information Security Standard](#) and the [VCCS Information Technology Acceptable Use Standard](#). I will follow all the security procedures of the VCCS computer systems and protect the data contained therein.

If I observe any incidents of non-compliance with the terms of this agreement, I am responsible for reporting them to the Information Security Officer and management of my Institution.

I understand that the VCCS Information Security Office, or appropriate designated college officials, reserve the right without notice to limit or restrict any individual's

access and to inspect, remove or otherwise alter any data, file, or system resource that may undermine the authorized use of any VCCS or college IT resources.

I understand that it is my responsibility to read and abide by this agreement, even if I do not agree with it. If I have any questions about the VCCS Information Technology Acceptable Use Agreement, I understand that I need to contact my immediate supervisor, the local Human Resource Officer, or appropriate college official for clarification.

If I refuse to sign this certificate of receipt, my supervisor will be asked to initial this form indicating that a copy has been given to me and that this statement has been read to me.

By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same. I further acknowledge that should I violate this agreement, I will be subject to disciplinary action.

Employee/Consultant Name (Print)	Date
College/Location)	Department/Office
Employee/Consultant Name (Signature	
