

Oskaloosa School District Employee AUP

I have read and understand the information provided about appropriate use of the technology resources at the Oskaloosa Community School District. I agree to abide by these provisions and I understand that violations will have disciplinary actions and may lead to dismissal.

I agree to be responsible for payment of costs incurred by accessing any Internet services that have a cost involved.

I understand that this form will be kept on file at the school.

Employee name (print)

Employee signature

Date _____

Building:

☐ Webster
☐ Elementary
☐ Middle School

☐ High School
☐ Bus Barn/Maint. Shop
☐ Central Office

Position:

☐ Teacher
☐ Assoc./Sec.
☐ Nurse
☐ Admin/Director
☐ Cust./Maint.

☐ Bus
☐ Food Serve
☐ Student Teacher
☐ Other

For Office Use Only:

Date Received: _____

Account Created: _____