



STATE OF DELAWARE
DEPARTMENT OF TECHNOLOGY AND INFORMATION
801 Silver Lake Blvd.
Dover, Delaware 19904

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Policy Title:	Acceptable Use Policy	

ACKNOWLEDGMENT STATEMENT

State Of Delaware - Acceptable Use Policy

State of Delaware Employee

This is to certify that I have read and agree to abide by the guidelines set forth within the State Acceptable Use Policy. As an employee of the State of Delaware, I fully intend to comply with this policy realizing that I am personally liable for intentional misuse or abuse of the State's communications and computer systems. If I have any questions about the policy, I understand that I need to ask my supervisor or IRM or Technology Director for clarification. Users are also encouraged to take and score 100% on the AUP self-test located on the DTI Internet at:
http://dti.delaware.gov/information/aup_self_test.shtml

****If I refuse to sign this acknowledgement form, I acknowledge that my Communications and Computer Systems will be denied and my employment status with the State of Delaware will be evaluated to determine how this may affect my ability to meet my job requirements and my employment may be terminated.***

Name: _____

Signature: _____

Agency/Organization/School: _____

Date: _____

Supervisor Signature
(*as required): _____

Comments: _____



"Delivering Technology that Innovates"