

## STAFF ACCEPTABLE USE AGREEMENT

I hereby certify that I have received, read, and understand the Clinton Community School District’s Appropriate Use of Computers and Internet Board Policy 605.6. I accept full responsibility for my use of the District’s computers, computer network systems, and the internet through the District in accordance with the terms, conditions, and guidelines as stated by the District in its policies and regulations and as set out in federal and state law. I understand that violation of these provisions will result in the restriction and/or termination of my ability to use the District’s computers, computer network systems, and internet access and may result in further discipline up to and including termination of my employment with the District and/or other legal action.

I will not hold the District responsible in any way for information accessed through the District’s computers, computer network systems, and/or the District’s internet access. I relieve the Clinton Community School District and its officers and employees from any and all financial responsibility that may be incurred by my use of the District’s computers, computer network systems, and the internet.

**User Name** = You will also be provided a school gmail account to collaborate with staff/students (csdkq.org). Your school gmail will be your full name separated by a period. i.e. john.smith@csdkq.org.

**Your temporary password for school gmail will be RKrq.12345**  
**You will prompted to change your password on first log in. Passwords requirements - 10 characters in length and has at least one number, one uppercase letter, one lowercase letter and one special symbol.**

Computer access and email accounts are issued to all staff as requested by building administrators. These forms will be kept on file in the IT Department at Administration Center.

New Account \_\_\_\_\_ Name Change \_\_\_\_\_ Password Change \_\_\_\_\_

Name \_\_\_\_\_

Staff Replaced \_\_\_\_\_ Previous Name \_\_\_\_\_

Building \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Print Full Name

Signature

### Internal Use Only

#### **Position - (To be completed by HR)**

Teacher \_\_\_\_\_ Counselor \_\_\_\_\_ Office Staff \_\_\_\_\_ Administrator \_\_\_\_\_ Grant Program \_\_\_\_\_  
Para Professional \_\_\_\_\_ Food Service \_\_\_\_\_ Custodian \_\_\_\_\_ Transportation \_\_\_\_\_ Nurse \_\_\_\_\_  
Other \_\_\_\_\_

#### **To be completed by IT**

Network Access \_\_\_\_\_ Infinite Campus \_\_\_\_\_ Gmail \_\_\_\_\_ Other \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_