

EMPLOYEE ACKNOWLEDGMENT OF ACCEPTABLE USE POLICY

I hereby acknowledge that I have received and read the attached Acceptable Use Policy of the Cambridge Public Schools.

My signature below indicates that I understand the attached Acceptable Use Policy and am willing to accept and abide by its mandates as written.

Name: _____
Signature

Name: _____
Print Name

Position: _____

Department/School: _____

Date: _____

Please return to your supervisor by the second Monday in December. Thank you for your cooperation.