

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

Doc Ref Number:	DTI-0042.02	Revision Number: 12
Document Type:	Enterprise Policy	Page: 8 of 13
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:

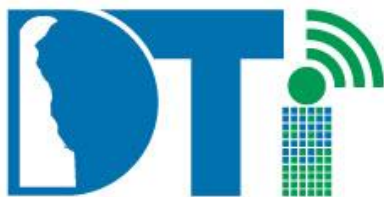
Date:

**Supervisor Signature
(*as required):**

Comments:



"Delivering Technology that Innovates"



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Non-State of Delaware Employee (All Other Users)

This is to certify that I have read and agree to abide by the guidelines and requirements set forth within the State of Delaware Acceptable Use Policy that apply to my use. As an authorized User of the State of Delaware's communications and computing resources I fully intend to comply with this policy as a condition of access and continued use of these resources. I am personally responsible for intentional misuse or abuse of the State's communications and computer systems. If DTI learns of my possible inappropriate use or abuse of the system, DTI will immediately notify the relevant leadership team including Human Resources or contract management, who must take immediate remedial action and inform DTI of their action(s). In instances where criminal activity is suspected, DTI will work with the proper authorities and follow their guidance in determining appropriate action. DTI may determine that an employee's or contractor's access may temporarily be suspended until a full investigation is completed.

Name: _____ **Date:** _____

Signature: _____

Agency/Organization/School: _____

Date: _____

Supervisor Signature
(*as required):

Comments:



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