

Staff Network Access Form

Please sign the form if you would like to be granted network access and return the permission form to the Central Rivers AEA Human Resources Department.

Employee Name (please print) _____

Employee's Signature _____ Date _____

If you are requesting Internet access, please respond to the following:

- ☐ I have read the staff technology use/social networking policy regulation and agree to abide by these provisions. I understand that violation of these provisions subject me to discipline up to and including discharge.
- ☐ I agree to be responsible for payment of costs incurred by accessing any Internet services that have a cost involved.

Employee Signature _____

Date Signed _____

Adopted: 06-04-08
Reviewed: 12-11-13
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Reviewed: 10/01/2025