

Systems Request Form

☐ **New** ☐ **Name Change** ☐ **Disable** ☐ **Remove**

☐ IT Request submitted **(Required)**

Technology Work Order Number: _____

The computer and networking resources are the property of Hazleton Area School District. The purpose of this form is to facilitate prompt network account creation, deletion, and modification while maintaining the integrity of the data and network systems.

Every district employee is allocated an email account and access to network resources. All individual accounts are for the exclusive use of the user who is assigned the account and password.

Lending of an account to another person is not permitted, and is considered to be a violation of district policy and may result in disciplinary action.

Termination/Resignation/Retirement : In order to make sure only authorized employees access the network, a new form must be completed by the supervisor or designee and inter-district mailed to Technology Department when employee resigns or is terminated.

This section is to be read and signed by the individual for whom the account is being created.

I have been given access to a copy of each of the following HASD policies:

814 Technology Copyright Policy, 815 Acceptable Use of Internet, 815.1 Use of School Owned Laptop Computers ,

815.2 Responsibilities Regarding Computer Related Technology, 815.3 Software Licensing,

816 Faculty E-mail AUP Policy (Page 2 returned) **AUP POLICY MUST BE SIGNED PRIOR TO ACCOUNT CREATION**

****The policies are located on www.hasdk12.org navigate to Departments\Technology\Technology Policy Section**

I have read and understand these policies. Which includes my responsibilities all procedures, processes identified in them, and agree to abide by their provisions.

I also understand that I am required to protect the confidentiality of district data in accordance with Hazleton Area Scholl District policies.

Current Name(Print Legibly) _____ (Name Change Only) New Name _____

Title/Position _____

Building/ Department _____

Employee Signature _____

Start Date _____ End Date (If applicable) _____

Direct Supervisor Signature: _____ **Date:** _____

****Supervisor:** When you sign this request to grant access you assume the responsibilities to schedule or provide training for the person receiving the authorization, to monitor the use of the information, to request the cancellation of access should the user resign or be terminated from his/her position, and authorize any login changes.

Upon account creation communication will be directed to the Building or Department contact person listed below for additional district required accounts:

Building or Department contact name _____ ***Email address*** _____

Questions should be directed to Technology Help Desk 459-3111 Ext. 4357

****Completed form and signed AUP must be sent to the **Administration Building** (Attention: Technology Department Mail Slot)**

Hazleton Area School District

Title: Employee Internet AUP Form

Revised 2/25/2010

The Hazleton Area School District permits access to the Internet or e-mail for educational or work-related purposes.

All users must have a signed copy of this form on file with the school district Technology Department prior to using the Internet.

Internet use is a privilege and inappropriate use may result in cancellation of Internet privileges and / or other disciplinary actions. All users must abide by the following rules:

1. I will use the District's Internet access for constructive educational and work related purposes only.
2. I will not access sites that contain illegal, defamatory, pornographic, or otherwise offensive material.
3. I will report to one of my superiors any such offensive information contained in any file that I might uncover within the District's network.
4. I will observe the District rules and laws regarding copyright and plagiarism.
5. I will never post on any website another person's home address, telephone number or any other such personal information.
6. I agree to follow any other rules for Internet, local network use that the District establishes, including those detailed in the HASD Policy Manual.

Employee Certification Form

I have read and understand the district's Internet Acceptable Use Policy 815 and Electronic Mail Policy (email) and the information provided on this form. I understand and will abide by the conditions and rules set forth herein. Should I fail to follow explicitly the rules enumerated above, my access privileges may be revoked and disciplinary action may be taken, up to and including termination of my employment by the district. I understand that appropriate legal action will be taken by the district when warranted, and I further understand that I will be held responsible for any costs incurred by my inappropriate use of the Internet. I am aware that law enforcement agencies must be consulted if violations of these conditions and rules may constitute a criminal offense.

Employee Signature

Date

Printed Name

Location