

**OKLAHOMA DEPARTMENT OF REHABILITATION SERVICES**  
**ELECTRONIC COMMUNICATIONS SYSTEMS ACKNOWLEDGEMENT FORM**

As an employee of the Department of Rehabilitation Services, I, \_\_\_\_\_, recognize and understand that the Department's equipment and communications systems are to be used only for conducting job-related business. I understand that I may not use such equipment for private purposes.

I understand that I may not access files, or retrieve stored communications and/or information other than when authorized, unless I have been given prior clearance from an authorized representative of the Information Services Administrator.

I understand that I may not load software or data from a diskette, CD-ROM, or other storage media originating from a source outside DRS, or download from an outside source (e.g., the Internet), without prior clearance from an authorized representative of the Information Services Administrator.

I understand that DRS reserves the right and intends to occasionally monitor use of its business equipment and communications systems. I understand that password use, or deletion of data does not prevent DRS from accessing data on its systems.

I understand that if I violate policy DRS: 3-11-30, I may be subject to disciplinary action, up to and including termination of my employment.

By my signature below, I acknowledge that I have been provided a copy of or access to the DRS policy on use and monitoring of electronic communications systems [DRS: 3-11-30]. I further acknowledge that I have read and understand this policy, and that I have had an opportunity to discuss this policy with my immediate supervisor and all my questions have been answered.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date Signed