

Haddon Township School District
Acceptable Use Policy for Staff Members

Name (please print): _____

Primary School: _____

Directions: After reading the Acceptable Use of Computer Network(s)/Computers and Resources by Teaching Staff Members attached, please read, fill out completely, sign, and return this form to the main office secretary.

STAFF MEMBER: By signing below, I certify that:

- I have read the Acceptable Use Policy for Staff Members and I understand its significance.
- I understand that school technology is available to me as a tool to support my teaching and is afforded to me as a privilege.
- I understand and agree to abide by the rules stated in the Acceptable Use Policy.
- I know that if I violate this contract disciplinary actions including but not limited to the following, may be taken against me:
 1. Use of networks/computers only under direct supervision;
 2. Suspension of technology privileges;
 3. Revocation of technology privileges;
 4. Suspension from teaching position;
 5. Legal action and prosecution by the authorities.

Signature: _____

Date: ____/____/____

EXCEPTION OF TERMS AND CONDITIONS All terms and conditions as stated in this document are applicable to the Haddon Township School District. These terms and conditions reflect the entire agreement of the parties and supersede all prior oral or written agreements and understandings of the parties for the use of district technology and Internet access. These terms and conditions shall be governed and interpreted in accordance with the laws of the State of New Jersey, United States of America.