



Gloucester County Virginia

P.O. Box 329, Gloucester, Virginia 23061

LAPTOP SECURITY FORM

Name (Last, First, MI): _____

Department: _____

Computer Name: _____

Printer Name: _____

As an employee of Gloucester County, I hereby acknowledge that I am not to leave the assigned computer/laptop and/or printer in a vehicle, or unsecured at a client location, and that to do so is considered to be negligent. I further understand that I am responsible for immediately notifying the proper authorities and management if my computer and/or printer become lost or stolen.

In addition, I acknowledge that I have read and understand the Gloucester County Internet and Network Acceptable Use Policy (AUP) (Administrative Policy #300) and the Data Protection Policy (Administrative Policy # 305). I understand that under no circumstances am I to install and/or remove any software from Gloucester County computers. Any changes in software are to be handled by the Gloucester County Department of Information Technology. I also understand that violation of the AUP or Data Protection Policy may be grounds for immediate dismissal.

Employee Signature

Date

Witness Signature and Printed Name

Date

THIS FORM RETAINED BY DEPARTMENT OF INFORMATION TECHNOLOGY