

File: IIAD-E2

Staff Member Application for Computer Network Access

I understand and will abide by the Acceptable Use Policy Agreement for the privilege of computer network and job-appropriate system access. This may include (but not be limited) to the Internet, ECPPS email, NCWISE, AS400, and other instructional and administrative systems. I understand that it is my responsibility to protect the unauthorized disclosure of any information available to me via the access granted to me.

Specific Account Management Standards (that may be applicable):

Each user will have a unique ID.

User ID's that are inactive for 30 days will be disabled. (NCWISE, AS400)

Account will be disabled after 3 failed login attempts. (NCWISE, AS400)

Passwords:

Must be at least 8 characters in length and contain at least 2 numbers. (NCWISE)

Dictionary words or abbreviations should not be used.

Should be unique (not same password as other systems). (NCWISE)

Shall not be shared with anyone.

Users should not allow anyone else to enter information into any system. (NCWISE)

Users should never leave the computer without closing or locking the application.

I understand that ECPPS Technology Support staff are responsible for ensuring computer workstation standards (hardware, software and security) are implemented on ECPPS computers and I will not attempt to circumvent or compromise these standards. I further understand that if I access online systems (ie: NCWISE) from any non-ECPPS computer, I assume personal responsibility that all appropriate workstation standards are in place (both physical and electronic) to prevent compromise of any information or corruption of system data.

I understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation my access privileges may be revoked and school disciplinary action and/or legal action may be taken as appropriate.

Staff Member's Name (Please Print): _____

Staff Member's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

*** The original signed copy of this form shall be kept on file at the respective School or Department. A request shall be submitted to the Technology Helpdesk (indicating completion of this form) for assignment of user access to the ECPPS Computer Network and job-appropriate systems.

Implemented: March 26, 1997

Revised: January 28, 2008

Elizabeth City-Pasquotank Public Schools, Elizabeth City, NC 27909