

**TECHNOLOGY USAGE**  
***(Employee Technology Agreement)***

School Name: \_\_\_\_\_

I have read the Hallsville R-IV School District Technology Usage policy, administrative regulations, and guidelines and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action taken against me, including but not limited to suspension or revocation of my access to district technology, and termination of employment.

I understand that my technology usage is not private and that the school district may monitor my use of district technology, including but not limited to accessing browser logs, e-mail logs, and any other history of use. I consent to district interception of or access to all communications I send, receive or store using the district's technology resources, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I understand I am responsible for any unauthorized costs arising from my use of the district's technology resources. I understand that I am responsible for any damages to the district's technology due to my negligence, intentional damages resulting from lack of student supervision or my intentional misuse of the district's technology resources.

Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone number: \_\_\_\_\_