

Attachment A – Remote Access Signature Page*

I have read and understand the contents of the User Responsibility Statement regarding Remote Access. I understand that violation of these provisions may result in disciplinary action, up to and including termination of employment and/or criminal prosecution.

I received approval from my Department's management to be granted Remote Access privileges for legitimate County business, as evidenced by the signatures below.

User Signature:
Printed User Name:

Date:

Agency/Department:

Agency/Department Manager(or Designee) Signature :

Date:

Printed Manager (or Designee) Name:

Manager (or Designee)Title :

***Please Note:** Policies vary by department. Re-approval and re-execution of this signature page will be required upon transfer to a different County agency or department.