

**N N A ABL L Y**  
(Staff Member Certification Form)

Employee Name: \_\_\_\_\_

Employee Nickname: \_\_\_\_\_

School/Department: \_\_\_\_\_

Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_

I have read and understand the School District's Internet Acceptable Use Policy and

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_