

Acceptable Use of Information Technology Resources Agreement

Commonwealth of Virginia

Virginia Department of Juvenile Justice (DJJ)

I understand and agree to abide by current and subsequent revisions to the DJJ Information Resource Acceptable Use Policy and the [Code of Virginia, Section 2.2-2827](#).

I understand that DJJ & the Commonwealth have the right to monitor any and all aspects of their computer systems and networks, Internet access, and Email usage and that this information is a matter of public record and subject to inspection by the public and DJJ management for all computer equipment provided by DJJ. I further understand that users should have no expectation of privacy regarding Internet usage and sites visited or emails sent or received in such circumstances, even if the usage was for purely personal purposes.

My signature below acknowledges receipt of the DJJ Administrative Procedure for Information Resource Acceptable Use (Vol. I-1.3-7).

Employee/Business Partner Name (Print): _____

Date: _____

Employee/Business Partner Signature: _____

DJJ Division/Branch: _____

Information Security Access Agreement

Commonwealth of Virginia

Virginia Department of Juvenile Justice (DJJ)

As a user of the Commonwealth of Virginia's information technology services, I understand and agree to abide by the following terms which govern my access to and use of these information technology services:

Access has been granted to me as a necessary privilege in order to perform authorized job functions for the Commonwealth. I understand and agree that I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (such as log-in IDs, passwords, terminal IDs, user IDs, file protection keys or production read/write keys) for any purpose other than those required to perform my authorized job functions;

I understand and agree that I will not disclose information concerning any access control mechanism of which I have knowledge unless properly authorized to do so, and I will not use any access mechanism which has not been expressly assigned to me;

I agree to abide by all applicable Commonwealth of Virginia policies, standards and guidelines and DJJ policies and procedures, which relate to the security of Commonwealth information technology services and the information contained therein;

If I observe any incidents of non-compliance with the terms of this agreement, I am responsible for reporting them to the DJJ Information Security Officer and my supervisor as soon as reasonable possible;

By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same. I further acknowledge that any infractions of this agreement will result in disciplinary action, including but not limited to the termination of my access privileges.

Employee/Business Partner (Print): _____

Date: _____

Employee/Business Partner (Signature): _____

DJJ Division/Branch: _____