

Employee Request to Use Privately-Owned Computer Form

The RSU 73 Board of Directors has adopted an Employee Computer and Internet Use Policy and Rules (Policies GCSA & GCSA-R). RSU 73 does not allow employees to use privately-owned computers at school without a legitimate educational/work-related reason. Exceptions to the prohibition against employees using privately-owned computers at school are made on an individual basis, considering the circumstances of the particular employee.

Any request for an exception must be made on this form and signed by the employee and the principal (or other applicable supervisor). The request will be reviewed by the principal and the Technology Director and a decision will be made within a reasonable time.

Employee Name:	Telephone:
School/Program:	E-mail Address:
Reason for personal computer use at school:	
Type of computer/Year/Make/Model/OS/Serial Number/MAC address/Computer Name:	

By signing this form, I agree that if my request to use my personal computer at school is granted, I will abide by the following requirements:

1. I agree only to use the computer registered on this form at school and to use it at school only for educational/job-related purposes.
2. I understand that I am responsible for proper care of my computer, including any costs of repair, replacement or any modifications needed to use the computer at school.
3. I understand that the RSU 73 is not responsible for damage, loss or theft of my computer.
4. I understand that I am required to comply with all Board policies, procedures and school rules while using my computer at school.
5. I understand that I have no expectation of privacy in my use of my computer while it is being used at school. The contents of the computer may be searched in accordance with applicable laws and policies.

Employee Signature

Date: _____

Print Name

Requirements: Current OS, Antivirus, Windows/Mac Software Updates, Current Browser Updates, Enabled Firewall

TECHNOLOGY REQUIREMENTS MET: _____ **YES** _____ **NO**

****Limited access and restrictions may apply to personally owned devices**

Technology Director Signature: _____

Date: _____

REQUEST APPROVED: _____ **REQUEST DENIED:** _____

Printed Name of Principal or Other Authorizing Administrator: _____

Title: _____

Signature: _____

Date: _____