



ACCEPTABLE USE of INFORMATION TECHNOLOGY NETWORK/INTERNET ACCESS

Team Member's Name: _____

I have read the Alexandra Hospital's Acceptable Use of Information Technology Resources and E-mail policy. I will adhere to the policy and procedures that applies to team members who use network resources including the Internet, e-mail and other related activities involving hospital computing.

Date: _____ Team Member's Signature: _____
(yyyy-mm-dd)

Note: Please return original signed forms to Human Resources for filing.