



**ELECTRONIC COMMUNICATION EMPLOYEE
ACKNOWLEDGMENT FORM**

I acknowledge that all electronic communication systems and all information transmitted by, received from, or stored in these systems are property of *Centers Plan For Healthy Living*. I also understand that these systems are to be used solely for job-related purposes and not for personal purposes, and that I have no expectation of privacy in connection with the use of this equipment or with the transmission, receipt, or storage of information in this equipment.

I agree not to use any company equipment to solicit for business ventures, personal parties, social meetings, political or religious causes, or other matters not connected to the Company's business.

I agree not to use a code, access a file, or retrieve any stored communication unless authorized. I acknowledge and consent to Centers Plan For Healthy Living monitoring my use of this equipment at any time at its discretion. Such monitoring may include printing up and reading all e-mail entering, leaving, or stored in these systems, and listening to my voice-mail messages in the ordinary course of business.

I agree to follow all of the rules spelled out in company policies concerning electronic communications systems and understand that I may be disciplined, up to and including discharge, for violations.

I have read CPHL Equipment Policy:

Title: _____

Department: _____

Employee: _____ Employee Signature: _____

Date: _____

Management Rep: _____ Management Signature: _____

Date: _____

- | | |
|--|---|
| <input type="checkbox"/> Laptop + Charger: Serial #: _____ | <input type="checkbox"/> Encrypted: _____ |
| <input type="checkbox"/> Laptop Name: _____ | <input type="checkbox"/> Office Version: _____ |
| <input type="checkbox"/> Windows Version: _____ | <input type="checkbox"/> iPad + Keyboard: _____ |
| <input type="checkbox"/> Cellphone + Charger: _____ | <input type="checkbox"/> ID Card + Fob: _____ |

Equipment Damaged

Date of Damage: _____

Report: _____

Equipment Not Returned

Tracking for return of equipment: _____

