

Information Confidentiality Statement

I acknowledge that as an employee of Mansfield University, I may, either occasionally or as a normal part of my job, have the opportunity to access or gain knowledge of confidential information. I agree that I will not access confidential information, nor will I disclose confidential information to others, except as required by my job duties.

I acknowledge my obligations regarding the access to and the disclosure of confidential information apply to all confidential information, whether it exists on computing and networking systems or in other forms; whether it is available to me through the privileges of my computer, network, or other University-sponsored access codes and agreements, or in other ways; and whether it is available to me during or outside of my working hours at the University. In addition to my obligations regarding the appropriate access to and use of confidential information, I agree also that I will not, either as an employee or as a user of resources, jeopardize the integrity and the availability of the University's computing, networking, telephony and information systems or use those systems for personal gain.

I recognize that if I fail to comply with these obligations, or if I violate the University access and acceptable use policies (University access and acceptable use can be found at <http://ct.mansfield.edu/media/files/policies/AcceptableUsePolicy.pdf>), I may be suspended from my job immediately and disciplined according to the University personnel policies. Such discipline may include termination and loss of future University employment opportunities. I also understand that my other associations with the University, such as my status as a student, staff, or faculty member, may be seriously affected, in accordance with the student handbook, applicable bargaining agreement, and/or University and State System personnel policies.

Director of Human Resources

Employee's Signature

Print Name

Print Employee Name

Date

Date