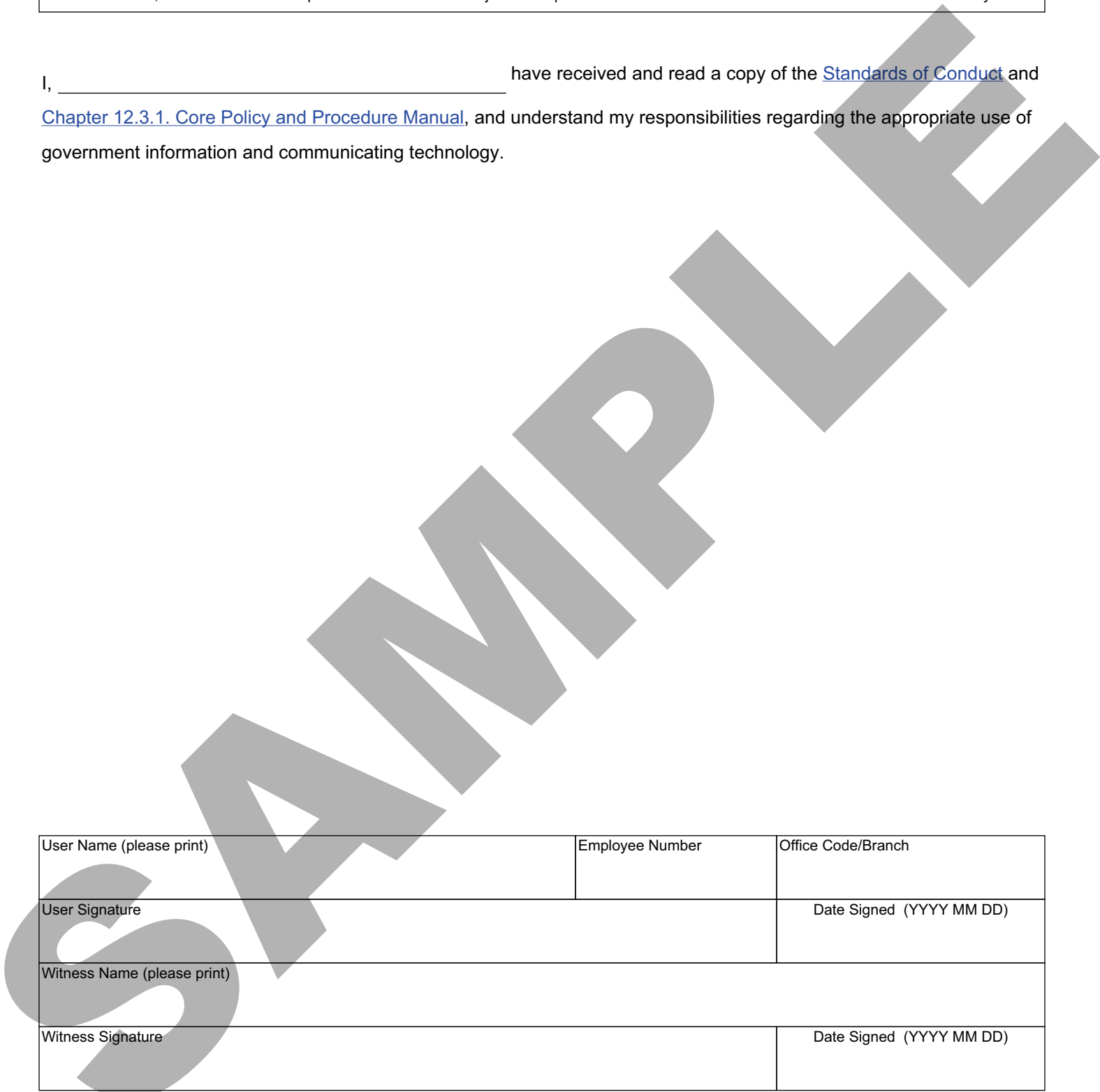




APPROPRIATE USAGE AGREEMENT (INFORMATION AND COMMUNICATIONS TECHNOLOGY)

The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

I, _____ have received and read a copy of the [Standards of Conduct](#) and [Chapter 12.3.1. Core Policy and Procedure Manual](#), and understand my responsibilities regarding the appropriate use of government information and communicating technology.



User Name (please print)	Employee Number	Office Code/Branch
User Signature		Date Signed (YYYY MM DD)
Witness Name (please print)		
Witness Signature		Date Signed (YYYY MM DD)

Using your MFD, scan-to-email a copy of the completed form and forward to SDSI Support at SDSIHDSUP@gov.bc.ca
Attn: Client Support in the Subject Field