

Cambria Community Services District

Acknowledgment of Receipt of the Internet & E-mail Policy

I understand it is my duty to become thoroughly familiar with and abide by the rules and regulations identified in the *Internet & E-mail Policy*.

I received the Cambria Community Services District's Internet & E-mail Policy on ____/____/____ (date), and I acknowledge I understand it.

Name:

Print

Signature

File: Employee Personnel File