

STATEMENT OF UNDERSTANDING AND AGREEMENT
BETWEEN
PELLISSIPPI STATE COMMUNITY COLLEGE
AND

FACULTY/STAFF NAME

You acknowledge that, in providing access to and use of the virtual desktop environment, Pellissippi State has relied on your acceptance of restrictions and conditions outlined in all college policies and, in particular, policy 08:13:12.

ACKNOWLEDGEMENT

I, _____ (name), P#: _____, have read and understand the above statement/policies. Use of the virtual desktop environment signifies my understanding and acceptance of all the terms and conditions.

Faculty/Staff Signature Date: _____

Supervisor's Signature Date: _____

Vice President's Signature Date: _____

Original to: HelpDesk
Copy to: Requester