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 polices and, in particular, policy 08:13:10.

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.

____________________________________________ Date: ______
Faculty/Staff Signature

____________________________________________ Date: ______
Supervisor’s Signature

____________________________________________ Date: ______
Vice President’s Signature

Original to: HelpDesk
Copy to: Requester