

DEPARTMENT OF FAMILY & COMMUNITY MEDICINE
Employee Agreement for Use of Offsite/Remote/Mobile Electronic Communication Resources

EMPLOYEE NAME: _____

A. UCSF EQUIPMENT LOAN

Complete this section to obtain authorization of a UCSF-owned offsite desktop computer, laptop, PDA, cell phone, pager and/or other mobile device.

ITEM DESCRIPTION	MODEL #	SERIAL #	UC PROPERTY #	LOCATION	DATE OUT	DATE IN	CSC/FPA Initial for Return

B. REMOTE ACCESS TO UCSF NETWORK & SYSTEMS

Complete this section to obtain authorization to access the UCSF network and systems remotely from a UCSF-owned **and/or personal** computer, laptop, PDA or other mobile device.

____ Desktop	Personal ____	UCSF ____	Notes/Comments/Changes: _____ _____ _____
____ Laptop	Personal ____	UCSF ____	
____ PDA	Personal ____	UCSF ____	
____ Specify Other _____	Personal ____	UCSF ____	
____ VPN Account	(Obtain access from your Computer Support Administrator.)		

C. TERMS OF USE AND SECURITY AGREEMENT

I agree that the University equipment listed above is to be used primarily for official University business, and that any personal use of the equipment will be only incidental in nature. I agree to reimburse my department for any personal use of this equipment that results in noticeable incremental costs to the University, in accordance with the policy and procedures set forth in Business and Finance Bulletin G-46, Guidelines for the Purchase and Use of Cellular Phones and Other Portable Electronic Resources. In addition, I understand that all records related to the purchase, use and disposition of this University-owned equipment, including cell phone statements, are the property of the University and potentially subject to disclosure under the California Public Records Act.

*I understand that I am responsible for safeguarding University equipment, including any data on it and controlling its use in accordance with BFB G-46. I understand that I am responsible for safeguarding University data on University **and personal** equipment and will adhere to electronic information security requirements and department procedures.*

I will update this form to reflect any changes in information. I will return University equipment if the University determines that there is no longer a business need for me to possess the equipment. If I separate from University employment or transfer to another department, I will return the equipment before departure.

In the interest of safety, I will exercise appropriate care and caution and will not operate a motor vehicle while using this equipment.

Employee Signature

Date

Supervisor Name (print)

Supervisor Signature

Date

Department Approvals:

Judi Mozesson, MSO _____

 Date