State of Illinois
Illinois Department of Healthcare and Family Services

# CERTIFICATE OF UNDERSTANDING

I, (Please Print) _____ do hereby agree to abide by all rules, policies, and procedures of Healthcare and Family Services regarding information technology activities.

**Specifically**, I have reviewed and agree to:

1. Comply with the HFS Computer Security and Internet Policy.
2. Use computer equipment, computer software, the Internet/InfoNet and any other data processing device, software, application or services for State of Illinois business purposes only.
3. Restrict Internet access to only those areas/sites directly related to State of Illinois business.
4. Refrain from accessing, displaying or creating any offensive, malicious or illegal Internet material
5. Accept that Internet sites accessed, e-mail and e-mail attachments are considered Department business records subject to federal and state freedom of information laws, confidentiality rules and official State of Illinois record retention rules.
6. Acknowledge that HFS may monitor my Internet usage; therefore, I do not expect privacy in my Internet e-mail communications or any materials/areas accessed.
7. Accept that any violation of the HFS Computer Security and Internet Policy may result in disciplinary action up to and including discharge.
8. Use state telephones as specified in the Employee Handbook, Section 630.6, Telephone Policy.
9. Have completed the Computer Security Presentation, which is accessed on the InfoNet, Computer Security link.

_____ _____
(Employee Signature) Date

_____ _____
(Office Bureau) (Work Phone)

_____ _____
(Supervisor Signature) Date

FAX completed form to (217) 557-5381 or MAIL it to:
Division of Personnel and Administrative Services,
2946 Old Rochester Road, Springfield, IL 62703

Print Form