



DEPARTMENT OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION
STATEMENT OF UNDERSTANDING
USE OF INFORMATION TECHNOLOGY RESOURCES

As an employee, contractual staff member, temporary staff member, intern, co-op student, volunteer, or contractor of the Department of Juvenile Justice and Delinquency Prevention, I agree that all activity performed while doing state business and with state information technology (IT) resources is the property of the State of North Carolina and that I am responsible for utilizing these resources in a professional, lawful, and ethical manner.

I understand that use of IT resources must be conducted according to Department acceptable use standards and in compliance with policies and procedures instituted by the Department. I also understand that unauthorized use or misuse of IT resources may constitute a violation of state or federal laws. Additionally, I understand that it is my responsibility to report any suspected or observed unauthorized use and/or misuse of IT resources.

I understand that I will have access to proprietary and confidential information located on IT resources to include software, hardware, network infrastructure, electronic data files, the State Network, the North Carolina Juvenile Online Information Network (NC-JOIN), and the Internet, and that I am responsible for safeguarding such information. I understand that I shall consult with my supervisor when necessary to determine whether information is confidential. I also understand that I shall access confidential information only as required to perform my assigned duties. Additionally, I understand that I may learn of or have access to information including, but not limited to, information relating to: (1) Staff (e.g., personal identifying information as defined by N.C. Gen. Stat. § 14-113.20, etc.) and (2) Juveniles (e.g., identifying information stored in NC-JOIN and other juvenile records pursuant to N.C. Gen. Stat. § 7B-3100). I understand that the Department maintains the confidentiality and security of confidential information in compliance with federal (e.g., Family Educational Rights and Privacy Act of 1974; Health Insurance Portability and Accountability Act of 1996; Occupational Safety and Health Act of 1970) and State law. I also understand that the intent of these laws is to assure that confidential information will remain confidential and will be used only as necessary to accomplish the mission of the Department. I understand that I am required to comply with these laws.

I understand that all IT resources to which I am given access shall be used only by persons authorized by the Department, and that I am strictly prohibited from sharing my account information (username and password) with other persons. In addition, I understand that no hardware, software, or network infrastructure of any kind are to be installed, downloaded, uploaded, copied, connected, and/or allowed to interact with Department IT resources, and no hardware, software, or network infrastructure of any kind shall be deactivated, deleted, removed, or disabled from the Department IT resources without appropriate Departmental approval.

I understand that unauthorized disclosure or distribution of any software or related documents developed by Department staff may result in disciplinary action up to and including dismissal, consistent with the policies and procedures of the State Personnel Commission and the Department of Juvenile Justice and Delinquency Prevention.

I understand that software and information obtained from sources outside of the Department may be subject to licensing agreements and/or copyright agreements that may restrict their use. I understand that infringement of these agreements is a violation of federal legislation and Department policy.

I understand that the State reserves the right to block Internet sites and to monitor, log, and report all IT resource activity, with or without notice, and that users should have no expectation of privacy in the use of these resources.

I have read this Statement of Understanding and understand my obligations regarding the use of IT resources that it describes. I have been informed that the Department will retain this document in my personnel file and other appropriate files.

Name (PRINT/TYPE): _____

Signature _____ **Date:** _____

Supervisor's Signature _____ **Date:** _____