



**Office of Shared Administration
Office of Management Information Services
Policy Memorandum Acknowledgment Form**

By initialing and signing below, I, _____, (employee) hereby acknowledge that I have received a copy of the indicated policy and been given an opportunity to read and ask questions to ensure my understanding. I understand that it is my responsibility to be familiar with these policies and abide by their terms and conditions.

By initialing and signing below, I, _____, (HR Rep/Supv) hereby acknowledge that I have provided a copy of the indicated policy to the employee and given them an opportunity to read and ask questions to ensure their understanding.

EMP	HR Rep/Supv	Policy #	Policy Topic
_____	_____	OMIS Policy #0510	Email Guidelines and Requirements
_____	_____	OMIS Policy #0512	Information Security
_____	_____	OMIS Policy #0515	Acceptable Use of Wireless and Mobile/Portable Devices
_____	_____	OMIS Policy #0522	Account Access Policy
_____	_____	OMIS Policy #0523	Audit Controls
_____	_____	OMIS Policy #0524	Workstation Security
_____	_____	OMIS Policy #0527	Security and Privacy Training
_____	_____	OMIS Policy #0530	Public Key Infrastructure and Certificates
_____	_____	OMIS Policy #0532	Guest Wireless Policy
_____	_____	OMIS Policy #0535	Collaborative Computing Policy
_____	_____	OMIS Policy #0537	Internet Use Policy
_____	_____	OMIS Policy #0538	Personnel Security Policy
_____	_____	OMIS Policy #0539	Media Protection Policy
		OMIS Procedure # OP-30 - Incident Reporting and Response	
		OMIS Technology Equipment Approval Process	

Employee Signature

Date

HR Representative/Supervisor Signature

Date