Employee Information Technology Policy and Account Application (rev. 12/19)

Please check one: ( ) Faculty ( ) Staff

Name:
_____

Last First M.I.

Dept._____

I agree to abide by St. Bonaventure's **Policy on the Responsible and Acceptable Use of Electronic Resources** and the instructions for the care, maintenance and security of portable computing equipment if applicable. I understand that my use of university electronic resources and computer technologies is subject to the provisions in these policies.

Signature: _____
Date:_____

Human Resources Employment Verification:_____
Date:_____

Do not write below this line. Office use only.

Account Information:

Username: _____

Password: _____