

**Attachment B – Personally-Owned Device Signature Page\***

*I have read and understand the contents of the User Responsibility Statement regarding the use of Personally-Owned Devices. I understand that violation of these provisions may result in disciplinary action, up to and including termination of employment and/or criminal prosecution.*

*I own the following device(s), which I will use for legitimate business reasons in compliance with County policies:*

Manufacturer	Model Number	Serial Number	Operating System

*I received approval from my Department's IT Manager and my Agency/ Department head to use the device(s) listed above for legitimate County business, as evidenced by the signatures below.*

Agency/Department:

User Signature:

Date:

Printed User Name:

IT Manager Signature:

Date:

Printed IT Manager Name:

Agency/Department Head (or Designee) Signature:

Date:

Printed Agency/Department Head (or Designee) Name:

County CIO Office Approval Signature:

(Required only if User is Agency or Dept. Head)

Date:

Printed CIO Office Approver Name:

**\*Please Note:** Policies vary by department. Re-approval and re-execution of this signature page will be required upon transfer to a different County agency or department.