

# SIERRA COUNTY

**Jeremy Miller**

Chief Technology Officer

Information Systems Department

P.O. Box 255 Downieville, California 95936

(530) 289-2890



## Sierra County Virtual Private Network Use Agreement

User Name: \_\_\_\_\_ Department: \_\_\_\_\_

As a remote access user, I agree that I shall only access the county computer network using a county-owned device. As a user of the county computer network, I hereby agree to and understand the following:

1. Any work or research completed using a county-owned and county monitored computer shall follow the rules of the Information Technology Policy, as written/amended and adopted January 2020 Resolution 2020-011.
2. I shall not accrue any overtime, comp time or flex hours unless specifically approved by my Department Head beforehand.
3. Any county business I undertake utilizing a VPN shall be done under approval of my Department Head.
4. In accessing the county computer network via VPN, that I am to abide by all applicable privacy and confidentiality laws and policies the County and my office are bound by.
5. I understand that I will have confidential and/or proprietary data outside of Sierra County premises. By doing so I shall hold all confidential and/or proprietary data in a confidential manner and not allow any family members or any other person access to the data or the county-owned device I have been issued. It is my responsibility to ensure no other person may access county owned devices and data at all times.
6. All remote access to the county network is a privilege and is subject to revocation at any time for any reason.

By signing this agreement, I acknowledge that I have read and understand Sierra County Information Technology Policy, Resolution 2020-011 and agree to the rules set forth in the county policy as well as this agreement.

User Name: \_\_\_\_\_

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved by:**

Department Head Name: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IS Manager Name: \_\_\_\_\_

IS Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IS Department Use Only:**

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Rev: 210623