

**ACKNOWLEDGEMENT OF EVANSTON TOWNSHIP HIGH
SCHOOL DISTRICT 202 POLICIES**

**AUTHORIZATION FOR STAFF ACCESS
TO DISTRICT 202 TECHNOLOGY**

By signing this Authorization, I acknowledge that I have received a copy of the District 202 Technology Acceptable Use Policy and that I have read, understand, and agree to abide by the Acceptable Use Policy. I also understand that failure to abide by the district's outlined protocols will result in discipline, up to and including termination. I ACKNOWLEDGE THAT I HAVE NO EXPECTATION OF PRIVACY IN MY USE OF DISTRICT TECHNOLOGY, AND THAT THE DISTRICT HAS THE RIGHT TO AND DOES MONITOR USE OF THE SYSTEM.

NAME (please print)

SIGNATURE

DATE

**AUTHORIZATION OF DISCRIMINATION
AND HARASSMENT POLICY**

By signing this Authorization, I acknowledge that I have received a copy of the District 202 Discrimination and Harassment Policy (8/18) and that I have read, understand, and agree to abide by the Discrimination and Harassment policy. I also understand that failure to abide by the district's outlined protocols will result in discipline, up to and including termination.

NAME (please print)

SIGNATURE

DATE

**AUTHORIZATION FOR UNPAID FEES
OWED TO DISTRICT 202**

By signing this Authorization, I acknowledge that if I owe any money to Evanston Township High School, District 202 at the end of the school year or upon my termination of employment, District 202 is authorized to take those funds from my last paycheck of the school year. This may include but is not limited to; student fees, Nutrition Services fees, salary overpayments and child care.

NAME (please print)

SIGNATURE

DATE