### Attachment # 1

#### Use of the Internet and Electronic Communication Systems Policy No.: 10

**CERTIFICATE OF RECEIPT**

I have been given a copy of the Department of Medical Assistance Services Policy No.: 10, “Use of the Internet and Electronic Communication Systems.” I understand that it is my responsibility to read and abide by this policy, even if I do not agree with it. If I have any questions about the policy, I understand that I need to ask my supervisor or the Human Resource Director for clarification.

If I refuse to sign this receipt, my supervisor will be asked to initial this form indicating that a copy has been given to me and that this statement has been read to me.

|  |  |
| --- | --- |
| Employee Name: (Please Print) |  |

|  |  |
| --- | --- |
| Employee Signature: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Division |  |