

**ADM 414**

**Appendix A – WISP Employee Acknowledgement Form**

I have read, understand, and agree to comply with the Written Information Security Policy (WISP), rules, and conditions governing the security of PII and sensitive college data. I am aware that violations of the WISP may subject me to disciplinary action and may include termination of my employment.

By signing this Agreement, I agree to comply with its terms and conditions. Failure to read this Agreement is not an excuse for violating it.

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Signature

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Date

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Employee's Supervisor Signature

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Date