

# **Garland County Personal Identity Information Security Notification and Confidentiality Policy Acknowledgement**

I have read and been informed about the content, requirements, and expectations of the Garland County Personal Identity Information (PII) policy for employees. I have received a copy of the policy. I agree to abide by the policy guidelines as a condition of my employment and my continuing employment at Garland County.

I understand that if I have questions, at any time, regarding the Personal Identity Information (PII) policy, I will consult with my immediate supervisor or the Human Resources Director.

Please read the Personal Identity Information (PII) policy carefully to ensure that you understand the policy before signing this document.

Employee Signature: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Supervisor Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_