By agreeing to the Bring Your Own Device (BYOD) guidelines below you, inherently, agree to abide by the *NMCC Information Technology Usage and Support Policy*, *NMCC Acceptable Use Policy* and *MCCS Acceptable Use Policy*. Copies of these policies may be given upon request.

Employees that wish to access corporate-level functions from their own device(s) and/or high level access to the campus network outside of the campus must agree and adhere to the following guidelines.

I understand:

|  |  |  |
| --- | --- | --- |
| Please initial |  |  |
|  |  | that I am responsible for the financial obligations associated with procurement and use of the device(s). |
|  |  | the use of my device must adhere to the acceptable practices aforementioned in the NMCC and MCCS policies and a breach of any of these acceptable practices may result in appropriate disciplinary action(s). |
|  |  | that the NMCC I.T. Office will help configure the device(s) but not support its use outside the scope of the *Usage and Support Policy*. |
|  |  | that I am solely responsible for the security of protected information that could be on my device(s) to include, but not limited to: email contents and attachments, calendar items, passwords or other such confidential information. |
|  |  | the College’s I.T. Office may restrict services and/or remote-wipe my device(s) in the event of a security breach, as deemed appropriate by the Director of Physical Plant & Technology and/or College President. If this occurs, I will not hold the College, or its officials, responsible for any loss of personal data and/or contents associated with my device(s). |
|  |  | this is a supplemental resource to those already afforded by NMCC and my job duties may be performed without the use of my personal device(s). |
|  |  | the College accepts no responsibility for the loss, theft, damage or other incident that may cause loss either physically or financially by using this device for work purposes. |
|  |  | that termination of employment requires an exit counseling with the I.T. Office to ensure proper protocols have been followed for removing my data and/or account information from my device(s). |

Each device must be registered and agreed to separately and will be reviewed at least annually, or when a new device is being authorized, whichever occurs first.

Device Information - Make: \_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_ SN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Printed Name |  |
| Signature |  |
| Date |  |