



MORGAN COUNTY GOVERNMENT
Employee Internet / E-mail Request Form

Briefly describe the employee's job functions requiring internet connectivity:

Briefly describe the employee's job functions requiring e-mail access:

To be completed by Elected Official or Department Head	To be completed by Employee
<hr/> <div>Department</div> <hr/> <div>Elected Official or Department Head Name (Printed)</div> <hr/> <div>Elected Official or Department Head Signature</div> <hr/> <div>Date</div>	<div>I have received, read, understand and agree to abide by the terms and conditions of the "Morgan County Government Computer Policy" as well as the conditions and terms outlined in this form.</div> <hr/> <div>Employee Name (Printed)</div> <hr/> <div>Employee Signature</div> <hr/> <div>Date</div>

For Information Systems Department Use	
<div>Reviewed by Information Systems Department:</div> <div><hr/><div>Initials Date</div></div>	<div>Comments:</div> <div><hr/><hr/><hr/></div>

For Office Use Only	
<div>Approved: _____ Denied: _____</div> <div><div><hr/><div>Commissioner</div></div><div><hr/><div>Date</div></div></div> <div><div><hr/><div>Commissioner</div></div><div><hr/><div>Date</div></div></div> <div><div><hr/><div>Commissioner</div></div><div><hr/><div>Date</div></div></div>	