

Department of Children and Family Services
LAPTOP Acceptance of Responsibility for DCFS Office and Home Office Use

USER AGREEMENT AND STATEMENTS

1. I understand the laptop unit contains data protected under federal and state confidentiality regulations.
2. I understand the unit's portability increases the possibility of theft and the large volume of confidential data contained within the unit increases the impact should the unit be lost or stolen.
3. I understand the unit shall only be used in a safe secure area.
4. I understand and accept responsibility, in the event of loss or theft of the computer equipment assigned to me, that I am to immediately notify my supervisor, the Property Control Coordinator, and DCFS OTS-OTM Liaison at dcfs.otm-ots@la.gov.
5. I understand that I may be held responsible for reimbursement of the equipment to the appropriate office within DCFS if the computer equipment is lost or damaged in whole or part through my negligence.
6. I understand that I am to report computer issues to the OTS service desk by submitting an IVANTI ticket to repair computer utilizing the warranty.
7. I understand Encryption software (scrambles information to make it unreadable without special knowledge) is installed on the unit and confidential data is stored encrypted by an Office of Technology Services (OTS) approved method.
8. I understand my supervisor, DCFS Property Control Coordinator, or the DCFS IT Security Section may, at any time, inspect the unit for inventory and other agency purposes.
9. I understand that once on the internet, I am to use the Global Connect VPN (Virtual Private Network) Client provided by OTS to connect to the DCFS LAN (Local Area Network—covers small geographic area) before accessing DCFS applications/data.
10. I understand **I shall not** trade computer equipment with another employee because my responsibility remains with the computer equipment assigned to me.
11. I understand, upon my resignation, separation, retirement or transfer to a new position with supervision outside my current program office, I am responsible for returning the computer equipment and completing and signing the DCFS Release of Responsibility form to my supervisor or Property Control Coordinator. I understand that my returned equipment should be in functioning order.
12. I understand when this computer equipment is returned to OTS, for any reason, **I shall** complete and sign a DCFS Release of Responsibility Form (DCFS PC-6), otherwise I remain responsible for said equipment.

I certify that I have read and understand the user agreement and statements listed above. I agree to fully abide by this agreement and understand that failure to comply with this user agreement may lead to disciplinary action, up to and including termination.

SECTION A: Read the above agreement and statements and complete prior to the delivery of requested laptop

ACCEPTANCE OF LAPTOP RESPONSIBILITY FOR DCFS OFFICE AND HOME OFFICE USE

Employee's Printed Name:	Employee's Signature:	Date:
Office/Cubicle Number:	Physical Office Address:	

SECTION B: Supervisor's Signature

Supervisor's Printed Name:	Supervisor's Signature:	Date:
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Section C: Computer Equipment Received

Computer Type:		Model:		Tablet SIM Card #:	
Service Tag (ST) #:		Tablet IMEI #:		Deactivate Tablet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
				SIM Card #:	
Monitor Type:		Tag #		Monitor Cord	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitor Type:		Tag #		Monitor Cord	<input type="checkbox"/> Yes <input type="checkbox"/> No
Charge Cord	<input type="checkbox"/> Yes <input type="checkbox"/> No			HDMI Cable(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Docking Station	<input type="checkbox"/> Yes <input type="checkbox"/> No
Computer Cords	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Computer Bag	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Keyboard	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Property Control Coordinator/Supervisor: Please keep original and forward a copy to dcfs.otm-ots@la.gov