

**Employee Information**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Location: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Policy Overview**

By signing this form, you acknowledge that you have read, understood, and agree to comply with the Secure Screen Lock Out Policy. This policy is designed to protect sensitive information by ensuring that unattended computers and devices automatically lock after a specified period of inactivity. The key points of the policy are as follows:

1. Default Inactivity Period: All computers must automatically lock after 15 minutes of inactivity.
2. Clinical Use Case Extension: For specific clinical use cases, an extended lock out period of up to 30 minutes may be applied.
3. Special Override Requests: Requests for a lock out period beyond 30 minutes must be formally submitted, reviewed, and approved.
4. Compliance: Failure to comply with this policy, including not locking computers when stepping away, may result in disciplinary action, up to and including termination of employment.

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**Employee Acknowledgment:**

- I acknowledge that I have received, read, and understood the Secure Screen Lock Out Policy.
- I understand the importance of this policy in protecting sensitive information and agree to comply with all its provisions.
- I understand that failure to adhere to this policy may result in disciplinary action, up to and including termination of employment.

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

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

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

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

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

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Human Resources Use Only

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

HR Representative Name: \_\_\_\_\_

HR Representative Signature: \_\_\_\_\_

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This form must be completed and submitted to the Human Resources Department. Your acknowledgment of this policy is critical in maintaining the security and integrity of our information systems. Thank you for your cooperation and commitment to protecting our organization's sensitive information.