

CAPI Responsibility Statement

By signing this form, I acknowledge receipt of a CAPI instrument. I understand that the access privileges that go with this CAPI instrument may, at any time, be revoked by the Agency if they believe that I have not acted in a manner consistent with NASS CSPM-003 Computer User Policy, or if my employment with NASS/NASDA for any reason is discontinued or suspended. I have read and understood the material contained in NASS CSPM-003 Computer User Policy and I agree to adhere to these rules whenever using NASS information and information systems.

I understand that this CAPI instrument is exclusively for my use in the performance of NASS business, and I will not share it or the system privileges that it provides with any other person.

I agree that I will immediately report to the NASS staff if my CAPI instrument has been lost or stolen, or if I suspect that it has been lost or stolen. I agree to surrender the CAPI instrument and all its attachments at the time that I discontinue my work for the Agency.

Employee's Signature

Date

Employee's Printed Name

iPad #: _____