

Social Media Networking AUTHORIZED USER Agreement Form

Name: _____ Employee ID: _____

Position/Title: _____

Department: _____

Division: _____

Name of Project _____

Approved by _____

Department Director: _____ (Director Signature) _____ (Date)

Approved by _____

Communications Director: _____ (Director Signature) _____ (Date)

I agree to use City-approved Social Media sites for City business as appropriate and in compliance with the #408 Social Media and Collaboration Policy. I understand that I must have approval from my Department Director and the Communications Director to create a Social Media Account on behalf of the City. I also understand that I am responsible for all postings made by me on City Social Media Sites, including those made in the comments sections.

I acknowledge that all City-approved Social Media Accounts are considered to be City property and may be monitored by officials of the City. I understand that employees do not have privacy rights in the use of City Social Media Sites and the postings, data, access to or distribution of such materials is subject to Public Records laws.

I agree to abide by all security procedures as set forth by ISS before accessing or posting to any Social Media Account. I acknowledge that any abuse of any Social Media Account, including violation of the rules and guidelines set forth in this Policy or in any current or future modified Policy and Procedure (#408 Social Media and Collaboration Policy), can be grounds for disciplinary action.

I agree to follow the retention procedure set forth by the Department of Communications, and understand all postings may be subject to records retention requirements, based on their content.

Printed Name _____ Signature _____ Date _____