

Confirmation of Understanding  
Confidentiality Agreement  
*(please read and sign below)*

This signed document is part of the official personnel file for the individual employee who has signed below.

- I certify that I have read and understand the HROG Guidelines related to the access input and processing of confidential individual information.
- I agree that I will not input or update Colleague information on myself or member of my immediate family (defined as spouse, child, father, father-in-law, mother, mother-in-law, sister, brother, grandparent or person who occupies a position of similar significance to me.)
- I agree that I will not share my Colleague Login or user ID access code with other persons.
- I agree that I will not discuss or share information unless it is required for District/College business.
- I understand that according to policy violations of this agreement may be considered a terminable offense.

I certify that I have read and understand the guidelines listed above.

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

Employee Name (Please Print) \_\_\_\_\_

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

Supervisor Name (Please Print) \_\_\_\_\_

College/Division: \_\_\_\_\_

Jan 2004