

# TRINITY REHAB, LLC

## EMPLOYEE AGREEMENT

\_\_\_\_\_  
EMPLOYEE'S NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
POSITION/JOB TITLE

\_\_\_\_\_  
FACILITY(FACILITIES)

I \_\_\_\_\_ have read the Trinity Rehab Acceptable Use Policy. I am familiar with its contents. I agree to abide by these guidelines and understand the enforcement thereof. I understand that my use of the Trinity Rehab network, workstations, laptops, mobile devices, & printers may be monitored.

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

On this date, \_\_\_\_\_, I have received a laptop/workstation/mobile device with the following serial and model information:

Serial Number: \_\_\_\_\_ Model: \_\_\_\_\_ Tag: \_\_\_\_\_

I understand, having read the Trinity Rehab Acceptable Use Policy that I am responsible for all electronic equipment that I have been issued. I agree that at the end of my employment, voluntary or otherwise, to return all equipment issued to Trinity Rehab immediately.

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MANAGER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DIRECTOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_