STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
USE OF ELECTRONIC RESOURCES AGREEMENT

To: **Human Resources**	RE: **Use of Electronic Resources Agree**
I have been made aware of and have read the State of Missouri, Department of Mental Health's Department Operating Regulations regarding: 1. User Access to Electronic Data (DOR 8.300): and 2. Information Security Incidents (DOR 8.350). By signing this form, I confirm that I understand and will comply with all the guidelines outlined in these regulations. I also understand that failure to comply with any of these regulations may result in disciplinary action up to and including dismissal.	
EMPLOYEE NAME (PRINTED)	DIVISION/OFFICE/FACILITY
EMPLOYEE SIGNATURE	DATE