## **Technology Use Agreement for Emeritus Faculty, Professionals, and Administrators**

This agreement outlines the terms and conditions for the use of APSU-owned computers, software, and technology resources by emeritus faculty, professionals, and administrators conducting research not funded by grants or performing voluntary work for the university. All work must be approved by the Provost or a divisional Vice President.

## **Emeritus Information & Agreements**

Name:	
Email:	
Phone:	
$\hfill\square$ I agree to return all APSU-owned equipment at the conclusion of the wo	rk.
$\hfill\square$ I agree to complete APSU's annual security training.	
$\hfill\square$ I agree that all devices used for university-related work will meet APSU'	's security requirements.
$\hfill\square$ I acknowledge responsibility for compliance with APSU IT policies and $\hfill$	orocedures.
Emeritus Signature:	Date:
Dean/Department Head Approval	
Dean/Department Head:	
Sponsoring College/Department:	
FOAP (Fund, Organization, Account, Program):	
End Date of Agreement:	
$\hfill \square$ I acknowledge that any new computers or equipment must be purchased by the sponsoring college or department.	
$\Box$ If retaining existing APSU-owned equipment, the department will purch maintain the IT Employee Equipment Replacement rotation.	ase a replacement to
$\hfill\square$ All software used will be appropriately licensed and paid for annually by department.	y the sponsoring
Dean/Department Head Signature:	Date:
Sponsorship Approval	
Approved by (Provost or Vice President):	
Provost/Vice President Signature:	Date: