

FORM 2.13.4 CONFIDENTIALITY AND OWNERSHIP OF INFORMATION

Employee/Volunteer Name: _____

Date: _____

I acknowledge that I have read, and I understand policy **2.13 Confidentiality and Ownership of Information**, and that I have asked Management for clarifications if necessary. ____ (initial)

I agree that unless I have been given permission by Management, I will keep confidential all material and information. ____ (initial)

I will use the library material and information only for the benefit of the Morinville Public Library.

I agree that I will continue to observe any confidentiality or work product ownership provisions in any agreement I may have with any other employer. ____ (initial)

I agree to return any material or information in my possession to the library at the time of my termination of employment/volunteering and to destroy what I cannot return. ____ (initial)

I agree that the library is the sole and exclusive owner of any product, material, or information resulting from the work I performed for the Morinville Public Library. ____ (initial)

I understand that violating this policy could result in disciplinary action up to and including immediate termination of employment, and that violating this policy after termination with the Morinville Public Library could result in litigation. ____ (initial)

Employee Signature

Management Signature

Date

The information on this form is collected under Section 33© of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to the Morinville Public Library. If you have any questions, please contact the Information Management/FOIP Coordinator for the Morinville Public Library at 10119 100 Ave, Morinville, Alberta, T8R 1P8 or (780)939-3292.