

OFFICE SECURITY CODE

I, _____, do hereby acknowledge receipt of a security code to LSU Health Sciences Center, Health Care Services Division.

I do understand that I am responsible for maintaining the secrecy of the code.

The code is not to be divulged to anyone.

Use of the security code shall be for business purposes only.

Any violation of this agreement on my part may result in disciplinary action being taken against me.

Signed: _____
Employee

Date: _____

Signed: _____
Supervisor

Date: _____

NOTE: This form should be prepared in triplicate, with one signed copy to be given immediately to the employee, one copy retained by the supervisor, and the original forwarded to the Human Resources Division.