



Bayshore Jointure Commission

The Shore Center For Students With Autism

100 Tornillo Way

Tinton Falls, NJ 07712

(732) 440-1122

www.theshorecenter.org

Welcome to the Bayshore Jointure Commission. We are certain you will enjoy working with us.

As part of your employment the New Jersey statute requires that each new public school employee submit to a physical examination and provide the district with a complete health examination form as evidence of such physical examination (N.J.S.A. 18A:16-2et seq.) You must also submit to a Mantoux (TB) test unless you have been tested within the last six months or if you are a school employee transferring between school districts. In such case, provide the Bayshore Jointure Commission a copy of your tuberculosis testing. Appropriate forms are attached for your use.

It is also mandated by the State of New Jersey that you be fingerprinted. Directions and forms for this procedure are attached.

Enclosed is the Bayshore Jointure Commission board Policy "Information Technology Usage Regulations" regarding an employee's use of email and other electronic communications systems, which are the property of Bayshore Jointure Commission. Please read the policy, **sign and return**.

The Bayshore Jointure Commission permits all employees to participate in our tax sheltered investment program that has been established pursuant to Internal Revenue Services code 403 (b) (7). This plan permits you to make a tax deferred deduction from your pay and direct your investment to one of the five companies approved by the Bayshore Jointure Commission. The proceeds are taxable at retirement or withdrawal.

Return new hire packet to: **MICHELLE BANGS 100 TORNILLO WAY**
Tinton Falls, NJ 07712

IMPORTANT -PLEASE NOTE

These procedures are not an option and employment may not begin until these requirements are completed. If after 14 days you have not complied with the above directive, the position that you have applied for will re-open to other applicants.

Thank you for your attention in these matters.



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CRIMINAL HISTORY RECORD CHECK

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is: <http://www.nj.gov/education/educators/crimhist>. Click on "File Authorization and Make Electronic Payment for Criminal History Record Check."

2. **ARCHIVE** - Go to above website and Click "ARCHIVE APPLICATION REQUEST" follow to archive process. The archive process only requires that you complete the on-line authorization and Certification application and pay the administrative fee, -at the drop down menu select **COUNTY CODE: (25) Monmouth** and **DISTRICT CODE: (0225) Bayshore Jointure Commission**.

YOU MUST ENTER BAYSHORE JOINTURE COMMISSION COUNTY CODE AND DISTRICT CODE OTHERWISE THE BACKGROUND CHECK WILL NOT QUALIFY.

3. **NEW APPLICANT**: Select Option #1: "New Administration Fee Request (New Applicants Only)" - This screen displays four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to next screen.

1. All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Children with Disabilities and Charter Schools
2. All School Bus Drivers and Bus Aides for Public Schools, Private Schools for Children with Disabilities, Charter Schools and Authorized School Bus Contractors
3. All Job Positions, except School Bus Drivers and Bus Aides, for Non Public Schools
4. All School Bus Drivers and Bus Aides for Non Public Schools and Other Agencies

4. Complete the requested applicant information. In the School Information box drop down menu select **COUNTY CODE: (25) Monmouth** and **DISTRICT CODE: (0225) Bayshore Jointure Commission**. Proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box.

5. Please complete the required payment information. There is a \$10.00 administrative fee for the department to process the request and issue an approval letter. There will also be an additional \$1.00 convenience fee charged by the private vendor, NicUSA for processing the credit card information. Methods of payment are Visa, MasterCard, American Express or Discover credit cards. You **MUST** click the "Make Payment" button only one time to complete the transaction.

6. After completing the transaction, the individual will be presented with three required steps:
1. View and/or print your New Administration Fee Payment Request confirmation page
 2. Complete and/or print your Identogo NJ Universal Fingerprint Form
 3. Click here to schedule your fingerprinting appointment with MorphoTrust

Select the first option "View and/or print your New Administration Fee Payment Request confirmation page" and print a copy of the receipt by clicking the print button in the upper right corner of the page and presenting a copy to the employing entity.



STATE OF NEW JERSEY

DEPARTMENT OF EDUCATION

A Memo from the New Jersey Department of Education

Date: February 6, 2020

To: Chief School Administrators, Charter School and Renaissance School Project Leads, Administrators of Private Schools for Students with Disabilities, Administrators of Nonpublic Schools

Route To: Personnel Responsible for Processing Background Checks, Authorized Vendors

From: Dr. Jamar E. Purnsley, Director
Office of Fiscal Accountability and Compliance

IDEMIA Service Code for New Applicants

Effective February 17, 2020, all new applicants for a criminal history background check will need a unique service code to schedule their fingerprint appointments with IDEMIA, the vendor that processes criminal history background checks. The six-character Service Code is used for uniquely identifying the Agency (ORI), Reason for Fingerprinting (RFP), Price, and other defining data for the transaction.

The use of the Service Code ensures that new applicants are being printed for the correct purpose and are not accidentally or incorrectly being processed for a service they don't need. IDEMIA's customer service call center representatives will not provide Service Codes to callers. The distribution of the Service Code is dependent on the hiring agency to provide the correct Service Code to the new applicants.

The following are Service Codes that have been provided to the Department of Education, Office of Student Protection:

Reason for Fingerprinting (Box 4 on the NJ Universal Fingerprint form)	Service Code
Public School Employment	2F1FB1
Non -Public School Employment	2F19ZQ
School Bus Driver Employment	2F1GSH
School Board Member/Trustee	2FIGN4
DOE Volunteer	2F151N
DOE Volunteer Nonpublic	2F14XX

For additional information or clarification, please visit the New Jersey Department of Education's [Office of Student Protection](#) webpage and select the "Instructions" tab, or call the office at (609) 376-3999.

- c: Members, State Board of Education
Lamont O. Repollet, Ed.D., Commissioner
NJDOE Staff
Statewide Parent Advocacy Network
Garden State Coalition of Schools
NJ LEE Group

OATH OF ALLEGIANCE / VERIFICATION OF ACCURACY

IMPORTANT: This form is to be completed by only those individuals who are U.S. citizens. See Section B below.

A. Basic Information *Please print your name as it appears on any documentation that you are required to submit*

Last Name First Name Middle Name or Initial

Street Address

City State Zip

Social Security Number Date of Birth: Month Day Year

Tracking Number

Email Address Phone Number Including Area Code

Are you applying for the New Charter School Certificates? Circle whichever applies YES NO

Are you a military veteran? Circle whichever applies YES NO

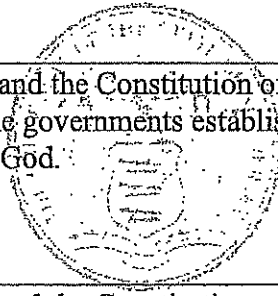
Endorsement Information. Please enter below the code and print the name of each endorsement for which you are applying.

Code Name of Endorsement

B. Oath of Allegiance *Choose one of the following.*

Option I

I, _____ do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people, so help me God.



Option II

I, _____ do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people.

C. Certification *Failure to complete these items will result in rejection of the candidate's application for certification.*

Circle whichever applies

1. Have you ever been convicted of, pled guilty, no contest or *nolo contendere* to, or had adjudication withheld to a crime or offense, including DUI, in New Jersey or any other state or jurisdiction? If yes, complete and submit a Criminal/Offense Information Form. Yes No

2. Have you ever had an education or other professional certificate, license or credential revoked, suspended, invalidated or denied for cause in New Jersey or any other state or jurisdiction? * Yes No

3. Have you ever surrendered or relinquished an education or other professional certificate, license or credential in New Jersey or any other state or jurisdiction? * Yes No

4. Are you the subject of any pending action or proceedings against your education or other professional certificate(s), license(s) or credential(s) in New Jersey or any other state or jurisdiction? * Yes No

5. Have you ever resigned, retired or been dismissed or suspended from an education-related position in New Jersey or any other state or jurisdiction following allegations of misconduct? * Yes No

6. Are you the subject of any civil, criminal or administrative investigation in New Jersey or any other state or jurisdiction? * Yes No

* If any answer to Questions 2 through 6 is "yes," complete and submit an Additional Information For the Oath of Allegiance Form.

D. Verification of Accuracy

I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink)

Date

Sworn and subscribed to before me this _____ day of _____, 20____

Notary Seal

Notary Signature

Once completed, mail the form to:

New Jersey State Department of Education
Office of Certification and Induction
P.O. Box 500
Trenton, New Jersey 08625-0500

Attention: Oath of Allegiance/Verification of Accuracy



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (If any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A	OR	List B	AND	List C
Identify and Employment Authorization		Identify		Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">Additional Information</div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Michelle Bangs</i>		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative <i>Administrative Secretary</i>		
Last Name of Employer or Authorized Representative <i>Bangs</i>		First Name of Employer or Authorized Representative <i>Michelle</i>	Employer's Business or Organization Name <i>Bayshore Jointure Commission</i>		
Employer's Business or Organization Address (Street Number and Name) <i>100 Tornillo Way</i>		City or Town <i>Tinton Falls</i>	State <i>NJ</i>	ZIP Code <i>07712</i>	

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED


Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

The Shore Center

for Students with Autism 

100 Tornillo Way, Tinton Falls, NJ 07712
(732) 440-1122, extension 1139

Christopher J. Mullins
Business Administrator

To: All Bayshore Staff
From: Christopher J. Mullins
Date: July 1, 2015
Subject: Workmen's Compensation


All work related injuries are to be reported to QualCare; our managed care provider for workers' compensation cases. While in the event of a serious injury, the employee is permitted to seek emergency room care, all other medical care must be arranged first by calling QualCare at 1-800-425-3222. QualCare will notify the employee of the treating physician and the appointment time and date. Note that employees are not permitted to directly make an appointment with a treating physician or their own personal physician.

A supply of referral cards for QualCare is enclosed. Please contact my office if you need additional cards. There is a separate card for prescription services through Jordan Reese.

In addition to the QualCare reporting; all work related injuries are to be immediately reported to the Central Office on the enclosed Accident Report form as soon as possible. In the event that an employee is injured by one of our students, the Violence, Vandalism and Substance Abuse (VV-SA) Incident Report Form is also required to be completed.

Please feel free to contact me with any questions. Thank you for your cooperation in this matter.

The Bayshore Jointure Commission, Developmental Learning Center

"Our Mission is to Educate and Enrich the Lives of Children with Autism" 

THE SHORE CENTER FOR STUDENTS WITH AUTISM/BAYSHORE

JOINTURE COMMISSION

STAFF EMERGENCY INFORMATION

PLEASE PRINT

Name: Last/First

Date of Birth

Street Address

City

State Zip

Home Phone # ,

Cell #

Email Address to be used for School Messenger

School Messenger first contact number

School Messenger second contact number

EMERGENCY CONTACTS

(MUST PROVIDE TWO CONTACTS)

Name: _____

Name: _____

Address: _____

Address: _____

Daytime Phone # _____

Daytime Phone # _____

Evening Phone # _____

Evening Phone # _____

The Shore Center
 For Students with Autism
 100 Tornillo Way
 Tinton Falls, NJ. 07712

NEW EMPLOYEE HEALTH ASSESSMENT

Name _____ Date of Birth _____
 Address _____ Telephone _____
 Position _____ Building _____
 Gender: M F Vision _____ Wears Glasses: Yes () No ()
 Private Physician _____ Telephone _____

HEALTH HISTORY (Please specify approximate age at onset and duration):

Allergies _____ Headaches (severe or migraine) _____
 Arthritis _____ Heart Disease _____
 Asthma _____ Hernia _____
 Convulsive Disorders _____ High Blood Pressure _____
 Diabetes _____ Hepatitis _____
 Digestive Disorders _____ Kidney Disease _____
 Drug Sensitivities _____ Neuromuscular Disorders _____
 Ear Problems _____ Orthopedic Problems _____
 Eye Problems _____ Psychological Disorders _____
 Fainting Spells _____ Respiratory Problems _____
 Rheumatic Fever _____
 Operations or Serious Injuries _____
 List any other significant health problems _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I AM PHYSICALLY/MENTALLY ABLE TO PERFORM ALL THE DUTIES OF MY JOB DESCRIPTION.

Date _____ Signature of Employee _____

PHYSICAL EXAMINATION

Height _____ Weight _____ Blood Pressure _____ Pulse _____ Respiration _____
 Ears (Otosopic) _____ Hernia _____
 Eyes _____ Genito-Urinary _____
 Lymph Glands _____ Orthopedic: _____
 Thyroid _____ Structural _____
 Nose _____ Posture _____
 Throat _____ Feet _____
 Teeth-Mouth _____ Skin _____
 Heart _____ Nutrition _____
 Lungs _____ Nervous System _____
 Abdomen _____ Hearing _____

General Health: (Circle One) GOOD FAIR POOR

I certify that this person is physically (Circle One): ABLE UNABLE to perform all the duties required by his/her job description.

Date _____ Signature of Physician _____

COMPLETED FORM TO BE RETURNED TO PERSONNEL DEPARTMENT AT ABOVE ADDRESS.



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TUBERCULOSIS TESTING AFFIDAVIT

I do hereby state and declare that I was tested for tuberculosis on

Name: _____

Address: _____

Phone: _____

Applicant's Signature: _____

Physician's Address & Telephone Number

Physician's Signature

Mantoux Test Administered: _____

Results: _____

BAYSHORE JOINTURE COMMISSION

REGULATION		SECTION: PROGRAM.	
TITLE: Information Technology Usage Regulation	EFFECTIVE DATE:	NO: R2361	PAGES 1 of 5

Information Technology Usage Regulation

The e-mail and other electronic communications systems are to be used for business purposes only.

All information and communications created, received, saved or sent on the Commission's servers, workstations/laptops and any other electronic devices (including but not limited to PDA and cell phones) are the property of the Commission. This also includes any of the aforementioned created, received, saved or sent from host servers workstations/laptops or any other electronic device supplied by a host agency such as the Monmouth-Ocean Educational Services Commission.

Employee e-mail sent and received through the Commission's computers - including e-mail and internet search activity using third-party internet service providers (ISPs) - is subject to search and monitoring with or without notice, regardless of whether the Commission's systems are accessed in or out of the office, or whether the communications pass through the Commission's server. The Commission will periodically and randomly perform such monitoring of individual employee usage without cause to believe improper use is being undertaken, and in all circumstances where such cause exists.

OBLIGATION TO PRESERVE E-MAIL

The obligation to preserve e-mail shall be in accordance with all state regulations. While a user may delete an e-mail message, copies of the e-mail will still remain on servers and backup tapes and will be available to the Commission.

Only authorized encryption may be utilized. All passwords/encryption keys must be on file with the Monmouth-Ocean Educational Services Commission's Chief Technology Officer prior to their utilization.

All e-mails that are addressed to any person(s) outside of the Commission shall have a standard disclaimer at the bottom of the text, stating, "Nothing contained in this e-mail is intended to be an offer to commit the Commission to any purchase, sale, contract, or other course of action." This shall not apply to e-mails written by users who are authorized to enter into agreements on the Commission's behalf when the e-mail is part of an authorized course of business.

All e-mails that are addressed to any person(s) outside of the Commission shall clearly identify the user by full name and official title. The user's telephone number shall also be included.

Due to the potential for security breaches and the transmission of computer viruses, users shall exercise extreme caution in downloading and executing any files attached to e-mail. If the attachment is not clearly business related and/or expected from a known source, it should never be opened or executed. Such e-mails and attachments should be immediately brought to the attention of the Monmouth-Ocean Educational Services Commission's Chief Technology Officer.

BAYSHORE JOINTURE COMMISSION

REGULATION		SECTION: PROGRAM	
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Information Technology Usage Regulation			

Users shall not subscribe to any e-mail lists that are not directly relevant to their assigned duties.

Information that is Sensitive or Confidential shall never be e-mailed to persons outside of the Commission unless all of the following conditions are met:

1. The e-mail transmission is expressly approved, in advance, by an authorized administrator.
2. The Sensitive or Confidential Information is encrypted.
3. The e-mail text includes a warning to the recipient that the material is Secret, Sensitive, or Confidential and is the property of the Commission.
4. The e-mail text contains a specific statement of why the recipient is receiving it, what they may do with the information, and who, if anyone, they may disclose it to.
5. A copy of the e-mail is permanently archived by the user. Each user is responsible for ensuring that the use of the Commission's e-mail system is consistent with this policy, any other applicable Commission policy, and appropriate business practices. E-mails shall not contain jokes (no matter how innocent or humorous), pornography, sexist, racist, defamatory or obscene remarks; anything of a commercial nature not pertaining to the Commission's business, anything of a political nature, or any other inappropriate remarks. Further, the e-mail system shall not be used for any purpose in violation of law or regulation.

The Commission's e-mail system shall not be utilized by users for any commercial or non-commercial activity that is not in furtherance of Commission's business. The prohibited activity includes solicitation for charitable contributions and sales of products from one user to another. "Chain Letter" e-mails shall not be created or forwarded. Messages sent to all users must have the expressed prior authorization of a manager.

Users shall carefully review all e-mail prior to sending it to ensure that its meaning is clear and not subject to interpretation. Humor and sarcasm can be easily misinterpreted in an e-mail and should be avoided. E-mail messages should be composed in a professional manner.

Comments that would be inappropriate in memoranda and letters are equally inappropriate in e-mails.

Unless given prior written approval, utilization of Commission owned computer assets to access any e-mail account of service by a user is expressly forbidden.

Passwords for the authorized user shall be assigned by the Monmouth-Ocean Educational Services Commission's Chief Technology Officer and will be changed on a regular basis. No user is permitted to change any password. Users shall not reveal their e-mail passwords to anyone. Excluding members of the Technology Department, users shall not utilize or access e-mail accounts belonging to any other user.

Violation of this policy shall result in disciplinary action up to and including action up to and including termination.

BAYSHORE JOINTURE COMMISSION

REGULATION		SECTION: PROGRAM	
TITLE:	EFFECTIVE DATE:	NO: R2361	PAGES
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INTERNET USAGE

This regulation shall apply to anyone utilizing the Commission's Internet access systems, and any supplied by the host Monmouth-Ocean Educational Services Commission.

The Commission's Internet access is intended to further the business purposes of the Commission. All information created, sent or received via the Commission's computers, networks, Internet access and/or e-mail systems is the property of the Commission.

The Commission reserves the right to monitor, filter and/or review, at any time, all Internet utilization via the Commission's Internet access. The Commission further reserves the right to reveal any Internet access related information to any party that it deems appropriate. The use of encryption, the labeling of a communication as private, the deletion of a communication, or any other such process or action, shall not diminish the Commission's rights in any manner.

The Commission shall disclose Internet access information to any party that it may be required to by law or regulation. This may include law enforcement search warrants and discovery requests in civil litigation.

Users shall not access any material that is not directly relevant to their assigned duties.

Users shall not post any comments or statements on any web page or send any messages to Internet newsgroups.

Users shall not enter any Internet chat rooms or chat channels.

Due to the potential for security breaches, users shall not download software from the Internet unless prior written approval has been obtained from the Monmouth-Ocean Educational Services Commission's Chief Technology Officer.

Each user is responsible for ensuring that his or her use of the Commission's Internet access is consistent with this policy, any other applicable Commission policy, and appropriate business practices. Internet sites containing jokes (no matter how innocent or humorous), pornography, sexist, racist, defamatory or obscene material, pirated software, or any other inappropriate material shall not be accessed. Further, the Internet access system shall not be used for any purpose in violation of law or regulation.

The Commission's internet access shall not be utilized for any commercial or non-commercial activity that is not in furtherance of Commission business.

Users should be mindful that Internet sites they visit collect information about visitors. This information will link the user to the Commission. Users shall not visit any site that might in any way cause damage to the Commission's image, reputation, servers, workstations and network.

BAYSHORE JOINTURE COMMISSION

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Users should be aware that much of the material available on the Internet is copyrighted or trademarked. Other than viewing publicly available material, users shall not use any material found on the Internet in any manner without first establishing that such use would not be in violation of a copyright or trademark.

Unless given prior written approval, utilization of Commission owned computer assets to access any e-mail account or service by a user is expressly forbidden.

Passwords for the authorized user shall be assigned by the Monmouth-Ocean Educational Services Commission's Chief Technology Officer and will be changed on a regular basis. No user is permitted to change any password. Users shall not reveal their passwords to anyone. Excluding members of the Monmouth-Ocean Educational Services Commission's Technology Department, users shall not utilize or access domain accounts, Internet accounts, and e-mail accounts belonging to any other user.

Violation of this regulation shall result in disciplinary action up to and including termination or any supplied by the host the Monmouth-Ocean Educational Services Commission.

SOFTWARE CODE OF ETHICS

This regulation shall apply to anyone utilizing the Commission's Software Applications or any supplied by the host, the Monmouth-Ocean Educational Services Commission.

The Commission's Software is intended to further the business purposes of the Commission. Unauthorized duplication of copyrighted computer software violates the law and is contrary to the Commission's standards of conduct.

The Commission will neither engage in nor tolerate the making of or using of authorized software copies under any circumstances.

The Commission will provide licensed software to meet the legitimate software needs in a timely fashion and in sufficient quantities for the Commission's computers.

The Commission will comply with all license or purchase terms regulating the use of any software acquired or used.

The Commission will enforce strong internal controls to prevent the making of or using of unauthorized software copies, including effective measures to verify compliance with these standards and appropriate disciplinary measures for violation of these standards.

Violation of this regulation shall result in disciplinary action up to and including termination.

BAYSHORE JOINTURE COMMISSION

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Network/Data Security

Only devices purchased and/or approved by the Commission are permitted on the network. Unauthorized devices may not be connected to Commission systems/networks without written consent from the Monmouth-Ocean Educational Services Commission's Chief Technology Officer. These devices are (but are not limited to):

- 1 - Personal computers/laptops
- 2 - USB flash drives
- 3 - Personal handheld devices

Commission owned computers used remotely (outside of the Commission network, therefore not protected by the Commission Firewall and anti-virus), will not be permitted on the internal network without being checked by the Information Technology department. Any device that is infected with a virus or has been compromised will be formatted (erased). The Information Technology department will reinstall Commission approved software only. Any additional software or personal documents will not be saved or reinstalled.

Please PRINT name _____

Employee's Signature: _____

Date: _____