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EmployeeSignature	Date
EmployeeConfidentiality Agreement	
accesso confidential,financial,proprietary,o	tand that as part of my job responsibilities, I may have r personalinformation regarding faculty, employees, dors, suppliers and the University in general.
or destroyany confidential information excep	ess, use, remoditsclose, copy, release, sell, loan, alter of as equired within the scope of my official University st comply with applicable state, and federal laws and y of all confidential information.
information, including the failure to safegua Agreement aræffectiveasof this dayandwill ends. I acknowledge that I have received, policy. I am aware that any violation of the	misuse or unauthorized disclosure of confidential and my passwords or devicesoby grations under this continue after my employment with Wilkes University read $\mu v \in \bullet \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
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