

HIDALGO COUNTY
INFORMATION TECHNOLOGY DEPARTMENT

2FA TWO FACTOR AUTHENTICATION
ACKNOWLEDGMENT FORM

EMPLOYEE NAME: _____

SUPERVISOR: _____

This Acknowledgement is for the purposes of the above named employee to acknowledge that he/she has been provided a copy of the Hidalgo County **2FA TWO FACTOR AUTHENTICATION REQUIREMENT** and hereby acknowledge that I am expected to abide by this policy. I understand that the County of Hidalgo and the **HIDALGO COUNTY INFORMATION TECHNOLOGY DEPARTMENT (COUNTY IT)** has provided me with additional workplace standards of conduct as related to my use of County Information Resources (County Information Technology) and the duties and responsibilities associated with using Two Factor Authentication while conducting County business on County IT Resources.

I understand that failure to comply with this policy may result in disciplinary action up to and including termination.

I have read and understand this acknowledgement, and understand the **TWO FACTOR AUTHENTICATION POLICY**.

Signature-Employee

Date