



# Douglas County School System

P.O. Box 1077 ~ Douglasville, GA 30133 ~ 770-651-2000 ~ www.douglas.k12.ga.us

Mr. Trent North, Superintendent

## AFTER SCHOOL PROGRAM

### ASP PAYMENT BOX CONFIDENTIALITY AGREEMENT (FIN-614)

Employee Name \_\_\_\_\_  
(Please Print)

Employee Job Title \_\_\_\_\_ Access Code \_\_\_\_\_

School \_\_\_\_\_

I understand the access code programmed in the ASP payment drop box under my name will allow me to access the ASP payment drop box(es) installed in my school. I understand I must keep my access code confidential, with the exception of providing it to the Finance Office. I understand that I should never allow my access code to be used by another individual. I understand any individual requiring access to the ASP payment drop box must obtain and use his/her own access code.

I understand my access code must be transferred to another school employee designated by the principal when my current position ends. This transfer occurs when my access code is changed to an access code chosen by the designated individual. I understand the transfer should occur before I leave my school location and/or position.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*