

SOCIAL MEDIA APPROVAL/AGREEMENT FORM

Name:	Position/Title:
Department:	Name of Social Media Site:
Approval of Dept. Manager:	
Signature	Date
City Manager (or Designee) Approval:	
Signatur	re Date
this Policy. I understand that I must have appet to create or participate in a Social Media Site of for all postings for all postings made by me comments sections. I further understand that	es for City business as appropriate and in compliance with roval from my Department Manager and the City Manager on behalf of the City. I also understand that I am responsible on City Social Media Sties, including those made in the this policy also applies to City-related postings made by med I agree to adhere to the guidelines in this policy when so
monitored by officials of the City. I understar City Social Media Sites and the postings, data, a	Media Sites are considered to be City property and may be not that employees do not have privacy rights in the use of access to or distribution of such materials is subject to Texas les, and the City's records retention schedules.
Site. I acknowledge that any abuse of Social M	procedures before accessing or posting to any Social Media edia Sites, including violation of the rules and guidelines set nodified City Personnel Policy can be grounds for disciplinary employment.
Printed Name	
Employee Signature	 Date