Administrative Form 142A 142A-1

USE OF ARTIFICIAL INTELLIGENCE - STAFF AGREEMENT

I understand and agree to the following terms for using Al tools in my professional capacity: 1. I will only use HPSD-approved Al tools for educational purposes. 2. I will protect student and staff personal information. 3. I will complete required Al literacy training. 4. I will not: Share confidential information with Al tools Use Al for unauthorized purposes Input copyrighted materials without permission Use Al to create harmful or inappropriate content I will document all Al use in my teaching materials. I understand monitoring may occur with Superintendent approval. I acknowledge that violations may result in disciplinary action.	
STAFF ACKNOWLEDGEMENT AND SIGNATURE	
Staff Name (please print)	Staff Position:

Date:

Staff Signature