This sample policy can be adapted to your organization's specific requirements and regulatory needs.

Disclaimer: This policy is not a substitute for legal advice. If you have legal questions related to this policy, see your lawyer.

Bring Your Own Device (BYOD) Policy Agreement

**Effective Date:** [Date]

**Issued by:** [Company]

# Purpose

This policy outlines the acceptable use, security requirements, and responsibilities for employees and contractors using personal devices (laptop computers) to access [Company] systems, data, and resources.

By signing this agreement, you acknowledge and accept the terms of this policy as a condition of participating in the BYOD program.

# Eligibility

Employees and contractors may elect to use their own personal devices for work at [Company] only if they:

1. Have received approval from [contact].
2. Ensure the device meets the security requirements outlined below.

# Security Requirements

To protect company data, the following must be adhered to:

1. **Device Requirements:**
   1. Devices must meet [these minimum system and software specifications](https://help.venn.com/hc/en-us/articles/22309899300763-System-and-Software-Requirements-for-Venn-s-Blue-Border#h_01J362RYJDYH2S16KZ976Z7JSV).
   2. Devices must meet these additional requirements:
      * …
2. **Device Policies:**
   1. Devices must pass the following required security compliance checks:
      * …
   2. It is recommended that devices pass the following recommended security compliance checks:
      * …
3. **Required Software:**
   1. In order to keep company data secure, you are required to install, maintain, and use the following company-provided software to ensure secure access:
      * Venn’s Blue Border™ software
      * …
   2. If needed to complete your work requirements, you may be required to install and maintain the following company-provided software:
      * …
   3. If needed to complete your work requirements, you may be required to have an up-to-date personal license for the following software:
      * …
4. **Data Access, Storage, and Use:**
   1. Work-related websites, applications, files, and data must **only** be accessed via Venn’s Blue Border.
   2. All work-related files must be stored in [cloud-storage system].
   3. Work-related data must not be downloaded or stored outside of the company’s secure environment.
5. **Privacy Protections:**
   1. [Company] will only monitor work-related activities within the secure environment.
   2. Personal data and usage outside the work environment are not accessible or monitored by [Company].
6. **Incident Reporting:**
   1. Loss, theft, or unauthorized access to the device must be reported immediately to [contact].
   2. If you notice any suspicious activity or suspect that your device has been compromised, report it immediately to [contact].
   3. You must cooperate with [Company] to secure or remotely wipe company data if necessary.

# Acceptable Use

* Personal devices may not be used to access, store, or share sensitive company data outside approved applications.
* Use of personal devices for work must comply with [Company]’s Acceptable Use Policy, including adherence to all applicable laws and regulations.

# Responsibilities

By participating in the BYOD program, you agree to:

* Maintain the security and functionality of your personal device.
* Allow [Company] to perform security checks and updates to the company’s Secure Enclave or other required software.

# Termination of Participation

If your employment or contract ends, or if you opt out of the BYOD program:

* Ensure that all company data is returned and removed from your device.
* All access to company systems will be terminated immediately.
* [Company] reserves the right to remotely remove all work-related data from your device.

# Acknowledgment and Agreement

I have read and understood the terms of the BYOD Policy and agree to comply with all requirements. I understand that failure to adhere to this policy may result in disciplinary action, including termination of my participation in the BYOD program or employment/contract.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Manager’s Approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_