

I understand that a breach of confidentiality or misuse of information could result in disciplinary action up to and including termination of employment.

I understand that this undertaking survives the termination of my employment relationship with Queen's University.

The laws of Ontario, Canada, shall govern this Agreement and its validity, construction and effect.

I fully understand and accept responsibilities set above relating to personal, confidential and/or proprietary information.

Employee Name: _____

Employee Signature: _____ *Date:* _____

Witness Name: _____

Witness Signature: _____ *Date:* _____