

## Acknowledgment of Backup Responsibilities

Name		
Position		
Department		
System		
Backup Policy		Rev.:
Effective Date	From:	To:

**I, the undersigned, acknowledge that, effective the signature date, I was entrusted with below responsibilities and assert that I am fully familiar with the aforementioned policies and procedures and that I am adequately trained and empowered to perform the duties and if otherwise I will immediately notify in writing my direct supervisor:**

1. Manage Backup Process	Primary	
	Secondary	
2. Perform Data Backup	Primary	
	Secondary	
3. Check Backup Logs	Primary	
	Secondary	
4. Verify Backup Validity	Primary	
	Secondary	
5. Manage Tape Storage	Primary	
	Secondary	
6. Document Tape Handling	Primary	
	Secondary	
7. Update Backup Procedures	Primary	
	Secondary	
8. Test Backup Procedures	Primary	
	Secondary	
9. Restore Data	Primary	
	Secondary	
10. Quality Check and Improvement	Primary	
	Secondary	
11. Develop Test and Training Procedures	Primary	
	Secondary	

Signature:

Date: