



## Information Resources Usage Agreement

NAME:	
EMPLOYER:	OFFICE:
WORK EMAIL:	WORK PHONE: _____ - _____ - _____

### READ THE FOLLOWING AGREEMENT CAREFULLY AND COMPLETELY BEFORE SIGNING:

The purpose of this document is to inform you of your responsibilities concerning the use of Information Resources\* owned or held in trust by Workforce Solutions. This agreement applies to all employees of Workforce Solutions, all contractors, vendors and all other entities having a need for access to these Information Resources or any state-owned or controlled Information Resources while making use of Workforce Solutions owned or operated networks or connections.

#### Authorized Use

I understand, acknowledge and agree that: (1) Information Resources are to be used for official Workforce Solutions-approved business; (2) Information Resources are not for personal use; (3) I will not perform any work, review, update, or otherwise act to obtain information about my own, or any relative's, friend's or business associate's case, claim or account, even if it is closed; (4) there may be specific limited use exceptions outlined in other policies and procedures of Workforce Solutions; (5) Workforce Solutions has a duty to protect its Information Resources; (6) Workforce Solutions has the right to control or filter access to specific Information Resources; (7) Workforce Solutions has the right to monitor the use of Information Resources under its authority; (8) Workforce Solutions retains the right to terminate, restrict or limit access to or use of any Information Resources by any individual(s); and **(9) Use of personal devices to conduct Workforce Solutions business, including accessing any Workforce Solutions owned data, applications, email accounts, or non-public facing communications, is prohibited under the Information Security Standards and Guidelines; and (10) users of Workforce Solutions Information Resources have no right to privacy in their use of Information Resources or in the content of their communications sent or stored in Workforce Solutions owned or operated Information Resources.**

#### Personal Security Identification Codes (User ID and Passwords)

I understand, acknowledge and agree that: (1) I will receive and will be required to use one or more personal security identification codes (User IDs and/or Passwords) to gain access to and to use Information Resources; (2) My User IDs and Passwords are security controls and must be used only by me; and I will be held personally responsible for any actions taken by, or for any harm, loss, or adverse consequences arising from, the use of my User IDs and Passwords, including any unauthorized use by a third party if such party gains access to my User IDs and Passwords due to my negligence or misconduct; and such third-party transactions will be considered as having been authorized and electronically signed by me.

#### Software

I understand, acknowledge and agree that: (1) Only properly licensed software approved by the agency may be used on Workforce Solutions computers; and (2) Any use of software on Workforce Solutions computers must be in accordance with the applicable software license agreement and all applicable policies and procedures.

#### Security of Equipment

I understand, acknowledge and agree that Information Resources must not be removed from Workforce Solutions property physically, electronically or through any other means without written authorization and prior approval of supervisory staff, and that if I have questions about the security of Information Resources, I may address them to my supervisor or the appropriate technical staff.

#### Reporting Security Incidents

I understand, acknowledge and agree that it is my responsibility to report any security incidents to my supervisor or Workforce Solutions Information Security in a timely manner.

#### Access to Data

I understand, acknowledge and agree that: (1) Proper authorization is required for access to all data owned or held in trust by Workforce Solutions except for data that is maintained for public access; (2) I may be granted access to Personally Identifiable Information (PII) as part of my job, and it is my duty to protect PII from exposure to all unauthorized parties; (3) I will NOT DISCLOSE or discuss any confidential and sensitive information with unauthorized individuals; and (4) I further understand that any data considered, or designated as, confidential and/or sensitive shall have the full protection of all codes, laws, rules, and standards appropriate to those data and the particulars of their use.

I understand, acknowledge and agree that I must comply with the policies concerning Information Resources set out in Workforce Solutions document "Information Security Standards and Guidelines" as well as any changes to those standards and guidelines.

I understand that violation of any of these policies could result in disciplinary action up to and including termination of my employment and/or prosecution under one or more applicable statutes.

_____	_____
<i>Signature of Employee</i>	<i>Date</i>

I have discussed the need for strict confidentiality with the employee and believe he/she fully understands the scope of data integrity and responsibilities and trust implicit in using, maintaining, and protecting Workforce Solution's Information Resources.	
_____	_____
<i>Signature of Supervisor</i>	<i>Date</i>

\*Information Resources means the procedures, equipment, and software that are employed, designed, built, operated, and maintained to collect, record, process, store, retrieve, display and transmit information, and associated personnel including consultants and contractors. For purposes of this agreement, Information Resources also includes Information Resources Technologies which are defined as data processing and telecommunications hardware, software, services, supplies, personnel, facility resources, maintenance, and training.