



## 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) there may be specific limited use exceptions outlined in other policies and procedures of Workforce Solutions; (4) Workforce Solutions has a duty to protect their Information Resources; (5) Workforce Solutions has the right to monitor the use of Information Resources under their authority; (6) Workforce Solutions retains the right to restrict or limit access to or use of any Information Resources by any individual(s) and (7) users of Workforce Solutions Information Resources have no right to expect 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; (3) I will be held personally responsible for any actions taken, 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 (4) transactions initiated under my User IDs and Passwords will be considered as having been authorized and electronically signed by me.

#### Software

I understand, acknowledge and agree that: (1) only properly licensed software 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.

#### Access to Data

I understand, acknowledge and agree that 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. I will maintain the confidentiality of personal information found in Workforce Solutions Information Resources including but not limited to: Youth data, Social Security Numbers and other personal identification information. I understand that any data considered to be, or designated as, confidential and/or sensitive shall have the full protection of all codes, laws, rules, standards and guidelines appropriate to those data and the particulars of their use.

#### Security of Equipment

I understand, acknowledge and agree that Information resources must not be removed physically, electronically or through any other means from Workforce Solutions property 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.

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.