

Acknowledgement of Policy

South Bay Workforce Investment Board

AND

CONFIDENTIALITY AGREEMENT

Regarding Handing and Protection of Personally Identifiable Information (P II)

SBWIB Directive 16-03 provides that this form is to be given to every WIOA- funded Staff, Unpaid Volunteer and other Partner Personnel who has access to sensitive /confidential /proprietary /private data, after such person has received training regarding the confidential nature of such information and the safeguards required to handle and protect the information. Signing this document certifies that such person has receive such training and acknowledgement that he/ she understand all such requirements.

I,	Type name: <input style="width: 750px; height: 20px;" type="text"/>
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	Type name of organization and address:
<input type="checkbox"/> an employee of:	<input style="width: 420px; height: 20px;" type="text"/>
<input type="checkbox"/> an unpaid volunteer for:	<input style="width: 420px; height: 20px;" type="text"/>
<input type="checkbox"/> Partner personnel of:	<input style="width: 420px; height: 20px;" type="text"/>
	Organization Name <input style="width: 320px; height: 20px;" type="text"/>
	Organization Address <input style="width: 320px; height: 20px;" type="text"/>

hereby acknowledge and agree to the following:

Check off each box to indicate that you acknowledge and understand each section:

1.	I have been instructed, and I understand, I that in the course of my duties as an employee of the above-named organization:
	<input type="checkbox"/> I will have access to information concerning participants in the WIOA Employment Services program administered by the South Bay Workforce Investment Board, Inc.
	<input type="checkbox"/> Cross out if this does not apply: I will have access EDD Wage Data concerning participants in the WIOA Employment Services Program administered by the SBWIB policy; and
	<input type="checkbox"/> Sensitive PII is confidential and cannot be disclosed to others unless in accordance with such laws and policies.
2.	Such confidential information includes but is not limited to information available through the STATE Cal JOBS System as well as I- Train system data.
3.	I have been instructed and I fully understand:
	<input type="checkbox"/> that if given access to I-train and or Cal Job data, I am not to disclose my password to anyone, including any coworker, nor am I to allow anyone else access to CAL JOBS I –Train data;
	<input type="checkbox"/> That in the performance of my duties I will take all reasonable steps to maintain confidentiality of all participant data; and

	<p>that such confidential information may only be used solely for the duties associated with my responsibilities as:</p> <table border="1"> <tr> <td></td> <td>WIOA funded staff</td> </tr> <tr> <td></td> <td>Unpaid Volunteer</td> </tr> <tr> <td></td> <td>Other Partner Personnel</td> </tr> </table> <p>and</p>		WIOA funded staff		Unpaid Volunteer		Other Partner Personnel
	WIOA funded staff						
	Unpaid Volunteer						
	Other Partner Personnel						
	<p>that no confidential data obtained from the system may be placed or stored on any mobile computing or storage device. For the purposes of this Acknowledge from</p> <ul style="list-style-type: none"> » mobile computing device “ including, but is not limited to : <ul style="list-style-type: none"> ○ notebooks, palmtops, PDAs , Ipods®, Blackberry ®device, cell- phone with internet-browsing capability, etc.; and » mobile storage device” includes, but is not limited to : <ul style="list-style-type: none"> ○ mobile computing devices, diskettes, magnetic tapes, external/ removable hard drives, Flash cards (e.g . SD, Compact Flash, etc.) , thumb drives (USB keys), jump drives , compact disks, digital video disks, etc.; and 						
	<p>that if I have any question/s concerning the disclosure of information that has been made available to me under the above- listed programs, I should immediately ask my supervisor or the SBWIB Compliance Manager for guidance.</p>						

CERTIFICATION:

I hereby set my signature certifying that I have personally provided the above information and it is true to the best of my knowledge and belief.

This Acknowledgement is in effect from the date I sign it until I leave the employment of the above-named employer OR state or federal law or SBWIB policy requires an updated or new Acknowledgement be signed.

Date of Signature	
Signature	
Typed or Legibly Printed Name	
Typed or Legibly Printed Title	
Typed or Legibly Print Phone Number	

A Copy of this Acknowledgement is to be provided to the person who signed this form.

Return this form to:

SBWIB, Inc.
11539 Hawthorne Blvd, Suite 500
Attn: Compliance Manager
Hawthorne, CA 90250