



Commonwealth of Pennsylvania  
Commonwealth Workforce Development System



**Instructions for Completing the  
CWDS User Agreement and Access Form**

READ PROVISIONS OF THE AGREEMENT

**User requesting access must complete and sign the bottom section of page 3.**

- Signature
- Date
- Printed Name
- Title (case manager, licensed counselor, IMCW, etc)
- Work Phone Number
- Work Email Address
- Employer's Name (Bureau Name for CWOPA users)
- Employer's Address (Bureau Address for CWOPA users)

**The local supervisor or program coordinator must complete page 4.**

**Office Information**

- Federal Employer Identification Number (FEIN)
- Primary Office Assignment (as listed in CWDS)
- Any other DHS office that staff will need to access (**no** PA CareerLink office access will be granted)

**User Roles**

- Check all appropriate CWDS Application Roles for staff (refer to descriptions and examples of role assignments on page 2)

**Supervisor Information**

- Supervisor Printed Name
- Work Phone Number
- Work E-mail Address
- Supervisor Signature
- Date

**Secure E-mail Access Request**

- Do you want this user to obtain secure e-mail? Indicate Yes or No

**NOTE:** In addition to completing this CWDS User Agreement and Access form, the Management Directive 205.34 must also be submitted (**Enclosure 3 only**) before access is granted.

Please scan and email completed forms to: [RA-CWDS@pa.gov](mailto:RA-CWDS@pa.gov)

BEP Field Office Role to CWDS Application Role mapping

<b>If your local office role is:</b>	<b>Then select these CWDS Roles:</b>
<b>Case Management Staff or Data Entry Staff</b>	AP-CaseManager, PW-BETP-ContractorRW AP-RptManager, PW-BETP-RPTCentralOffice
<b>Licensed Counselor Staff or Staff who require Read Only access</b> with ability to Add/Edit Case Progress Notes <b>Note:</b> Licensed Counselors may not have AP-CaseManager role unless they are an employee of your organization.	AP-ReadOnly, PW-BETP-ReadOnlyCPN

<b>Additional CWDS Functional Roles</b>	<b>Role Description</b>
AP-AdHocReportMgr	Ability to produce Ad Hoc Reports
AP-CaseManager	Read/Write access for case managers and/or data entry staff (Must also select PW-BETP-ContractorRW)
AP-EventsAdmin	Allows staff user location specific access to manage (add/update) events
AP-PgmRefPOCMgr	Access to Program Referral Point of Contact list where user can Add or Edit the Point of Contact list – limited to 2 users per office. Role not required to create program referrals.
AP-ReadOnly	Any user who requires Read Only access for specified functionality in the system (Must also select PW-BETP-ReadOnlyCPN)
AP-RptManager	Staff user who accesses standard reports (Must also select PW-BETP-RPTCentralOffice)
AP-SrvcProviderAdminL1	Office administrators who approve Service Provider Business Folders, update Contacts and approve locally initiated Service Applications
AP-SupervisorLO	Supervises case managers and/or clerical staff
PW-BETP-ContractorRW	Read/Write access for those programs to which the Contractor is assigned (Must also select AP-CaseManager)
PW-BETP-ReadOnlyCPN	Staff user with read only access who can Create, Edit and Delete Case Progress Notes (Must also select AP-ReadOnly)
PW-BETP-RPTCentralOffice	Business Objects Reporting Role (Must also select AP-RptManager)



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**USER AGREEMENT AND ACCESS FORM**

The purpose of this User Agreement is to advise individuals who will have access to data through the Commonwealth Workforce Development System (CWDS) of the requirements, limits and responsibilities of accessing this data. Adherence to this policy will ensure the security of all information, which is processed, stored, maintained, or transmitted on the CWDS system and centrally managed by the Commonwealth. This user agreement is designed to protect information from unauthorized use, change, destruction, or disclosure. This agreement does not supersede any other previously signed User Agreements or Access Forms.

My signature below indicates my understanding of and agreement with the following provisions applicable to access to all data through the CWDS. I understand and agree that:

I will or may be exposed to certain confidential data maintained by the CWDS.

I may not discuss with or reveal to anyone, in any manner, any of the information I obtain from that data, except to other persons also having the same level or higher level authorization to this data, and only for purposes of performing my duties.

I must not reveal such information to my friends or family, nor use the information for any reason other than for performing my duties.

I must never share personal account logins or passwords with anyone.

I must always log off or appropriately secure sessions to a point that requires a new log-on whenever I leave my work area.

I must not set my computer to remember my password. I will manually type in my password with each new log-in.

I agree to never engage in any illegal or inappropriate use of CWDS resources or engage in activities that interfere with or disrupt CWDS network users or services.

I may access CWDS data **only** while I am employed by the employer indicated below, only for the duties I am assigned during this employment and only for the purposes for performing those duties.

I must report any observed violations of or attempts to violate the security provisions of this agreement to my supervisor or to the appropriate CWDS Security Officer.

I will abide by the confidentiality policies between partnering entities of the CWDS, set forth by this document, and any other confidentiality policies established for the CWDS.

I have no expectation of privacy of any communications, messages and files made, transmitted, received or stored on or through the CWDS, and that Network Administrators and others may routinely monitor the CWDS for compliance with confidentiality and other requirements.

***By signing below, I agree to abide by the requirements set forth above for the types of access I have to the CWDS. I understand that any violation of this agreement may result in loss of access, services or employment, legal action, or prosecution under federal and state laws.***

- New User       Change to Existing User       Commonwealth Staff (CWOPA User)

Name (print) \_\_\_\_\_ Phone No. \_\_\_\_\_

Title \_\_\_\_\_ (case manager, licensed counselor, IMCW, etc)

E-mail Address \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Supervisor:**

**NOTE: Primary Office name must be the office name in CWDS.**

FEIN# \_\_\_\_\_ (required)

Primary (DHS CWDS) Office Name \_\_\_\_\_ (required)

Other DHS offices, if any, to which user will require access (no PA CareerLink offices):

Office Name \_\_\_\_\_

Office Name \_\_\_\_\_

Office Name \_\_\_\_\_

Office Name \_\_\_\_\_

**Please note DHS does NOT grant Workforce access. If you require access to Workforce programs contact your PA CareerLink Office.**

CWDS Application Roles: Check all appropriate roles (required).

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> AP-AdHocReportMgr | <input type="checkbox"/> AP-ReadOnly            | <input type="checkbox"/> PW-BETP-RPTCentralOffice |
| <input type="checkbox"/> AP-CaseManager    | <input type="checkbox"/> AP-RptManager          | <input type="checkbox"/> PW-BETP-ContractorRW     |
| <input type="checkbox"/> AP-EventsAdmin    | <input type="checkbox"/> AP-SrvcProviderAdminL1 | <input type="checkbox"/> PW-BETP-ReadOnlyCPN      |
| <input type="checkbox"/> AP-PgmRefPOCMgr   | <input type="checkbox"/> AP-SupervisorLO        |   |

**NOTE: The Management Directive 205.34 must be submitted (Enclosure 3 – Commonwealth Contractor or Consultant) before access is granted.**

Supervisor Name (print) \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Secure E-mail Access:**

Secure E-mail is required to transmit participant information to the Department of Human Services in a secure manner.

Does this user require Secure E-mail access? Yes \_\_\_\_ No \_\_\_\_

**eCIS Access:**

Requesting eCIS access is a self-registration process. **After** your CWDS access is approved and you receive your b-user ID, please begin the self-registration process on page 22 of the eCIS User Registration Guide (Existing Commonwealth Account Users). You can obtain a copy of this guide from your supervisor, delegated administrator, or by requesting a copy from the CWDS Help Desk ([RA-CWDS@pa.gov](mailto:RA-CWDS@pa.gov)).

**DHS Office Use Only:**

CWDS B-User ID \_\_\_\_\_

OU \_\_\_\_\_

Access Granted Date \_\_\_\_\_