Local Office Staff

This *User Agreement and Access* form advises individuals who will have access to data through the Commonwealth Workforce Development System (CWDS) of the requirements, limits, and responsibilities of accessing these data. Compliance with this policy will ensure the security of all information which is processed, stored, maintained, or transmitted on CWDS and centrally managed by the Commonwealth of Pennsylvania. This 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 CWDS. I understand and agree that:

I understand that CWDS is Pennsylvania's workforce development system of record and agree to record relevant workforce development activities including, but not limited to, services and case notes in a timely manner.

I will or may be exposed to certain confidential data maintained by 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 these 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 Keystone IDs 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 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 of 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 Local Office System Administrator.

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

I have no expectation of privacy of any communications, messages and files made, transmitted, received, or stored on or through CWDS, and that network administrators and others may routinely monitor 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 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 ☐ Non-Commonwealth Staff

Name (print clearly)_____ Work Ph#(_____)_____

Signature_____ Date_____/_____/_____

Organization_____ Email_____

Local Workforce Development Area___Allegheny County_____ Employer's FEIN_____

To be completed by employee's supervisor (print clearly):

Employee Name_____   Job Title_____

Primary/Default Office #: _____   Office Name:_____

Addtl Office #:_____   Office Name:_____

Addtl Office #:_____   Office Name:_____

Check all appropriate CWDS roles:

☐ AP-AdHocReportMgr	☐ AP-ProgramAdmin	☐ LI-PgrmReferralWorker
☐ AP-AdministratorLO (COPA staff)	☐ AP-ReadOnly	☐ LI-WF-FinancialLO
☐ AP-AdministratorLO-BWPO (COPA staff)	☐ Ap-RptManager	☐ LI-WF-RapidRespStaff
☐ AP-CaseManager	☐ AP-SrvcProviderAdminL1	☐ LI-WF-Rpt(LWDA)_____
☐ AP-EmployerAdmin	☐ AP-SupervisorLO	☐ LI-WF-Veteran
☐ AP-EventsAdmin	☐ AP-SupportRequestAdmin	☐ LI-WF-IncumbentWorker
☐ AP-PgmRefPOCMgr	☐ AP-UserAdmin	☐ LI-WF-PrelimScreening
☐ n/a	☐ n/a	☐ n/a

Supervisor (print clearly)_____   Work Ph#(____)_____

Signature_____   Date____/____/____

To be completed by Approving Authority – PA CareerLink® Administrator (print clearly):

Name_____   Work Ph#(____)_____

Signature_____   Date____/____/____

To be completed by Local Office System Administrator (LOA) (print clearly):

Name_____   Work Ph#(____)_____

Signature_____   Date____/____/____

To be completed by Central Office System Administrator (COA) (print clearly):

Keystone ID_____   ☐ Account Created   ☐ Account Updated

Name_____   Work Ph#(____)_____

Signature_____   Date____/____/____

DISABLING a USER:

Employee's last day of work: ____/____/____

☐ User disabled by:

Name of LOA_____ Signature_____ Date___/___/___

☐ Verified by:

Name of COA_____ Signature_____ Date___/___/___