

EMPLOYEE AND STUDENT INFORMATION SYSTEM CONFIDENTIALITY FORM STAFF/MPP

Dear Staff Member or MPP Member:

After completing the required Information Security Program Training online at <http://www.csus.edu/ispt>, please read and sign the statement below.

I certify that I have received training regarding the state and federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records, including data that is accessible through the PeopleSoft Human Resource System.

I understand that I am being granted access to this information and data based on my agreement to comply with the following terms and conditions:

- I will comply with the state and federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records, including data that is accessible through the Human Resource Information System.
- My right to access information and/or data is strictly limited to the specific information and data that is relevant and necessary for me to perform my job-related duties.
- I am prohibited from accessing information or data that is not relevant and necessary for me to perform my job-related duties.
- I will be a responsible user of information and data, whether it relates to my own unit or another unit.
- I will maintain the privacy and confidentiality of the information and data that I obtain, including its storage and disposal.
- I will make every reasonable effort to interpret the information and data I obtain in an accurate and professional manner.
- I will sign off the Human Resource Information System or Student Information System when I am not actively using it.
- I will keep my password(s) to myself, and will not disclose them to others unless my immediate supervisor authorizes such disclosure in writing.
- I will dispose of confidential reports in a manner that will preserve their confidentiality when I have finished using them.

I understand that if I misuse confidential information or data that I obtain through my employment, I will be subject to disciplinary action up to and including termination.

I certify that I have read this Confidentiality Form, I understand it, and I agree to comply with its terms and conditions.

Name (please print)

Department

Title

Signature

Date

Submit to the Office of Human Resources, Del Norte Hall, Room 3001, campus zip 6032.

For Human Resources use only.

Training completed: _____
Date

HR Signature

Date