

**Department of Economic Opportunity
Information Systems
Security Agreement / Confidentiality Form**

***All required fields **MUST** be completed for access to be granted. For help completing this form, please refer to instructions on the back.

Action
User Type

Section A - Completed by Requestor

User Contact Information

First Name _____
Middle Name _____
Last Name _____
Job Title _____
Phone Number _____
Fax _____
Email _____

Primary Unit Information

Organization Name CareerSource Broward
Address _____
City _____
State Zip _____
Region County
Unit(s) _____

Section B - Completed by Supervisor

Supervisor Name _____
Phone _____
Email _____

Contract Manager _____
Phone _____
Email _____

System Owner	System	Add	Update	Delete	Read	Reason for Access
Information Technology	DEO Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Early Learning	Consolidated Database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	EFS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fraud Referral System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SPE/UWL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SharePoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment Compensation	UC Mainframe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	BOSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Appeals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	EIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Workforce Services		<i>Role</i>			<i>Data Store</i>	
	EFM				<input type="checkbox"/>	
	OSST				<input type="checkbox"/>	

Section C - Completed by All

Security / Confidentiality Agreement

Your supervisor has authorized you to have access to sensitive data through the use of the Department of Economic Opportunity (DEO) Information Systems and related media (i.e. printed reports, system inquiries, etc.). All confidential information, particularly Personally Identifiable Information (PII) are subject to the protection of federal, state and local laws and are to be protected accordingly. Unauthorized access, use, disclosure, modification, and/or destruction of confidential information is a crime under state and federal laws, including, but not limited to The Florida Computer Crimes Act, Chapter 815 Florida Statutes (F.S.) and Florida's Unemployment Compensation Law, Chapter 443, F.S.

"I certify that I have read the security/confidentiality statement printed above. I further certify and understand that unauthorized access, use modification, dissemination, and/or destruction of confidential information may be punishable as a crime and/or result in disciplinary action taken against me. I acknowledge that I have received, read, and that I understand Chapter 815, F.S., and have received any necessary clarification from my supervisor.

Requestor's Signature _____
Print/Type Name _____
Date _____

Supervisor's Signature _____
Print/Type Name _____
Date _____

Security Officer's Signature _____
Print/Type Name _____
Date _____

Instructions for Completing the DEO Security Agreement Form

Header Section

Action: Please choose the action type requested. Available options are:

1. **Add** - select this action to add a new user account to a system.
2. **Update** - select this action to update an existing user account.
3. **Revoke** - select this action to delete an existing user account.

User Type: Please choose the User Type which best defines the user. Available options are:

1. DEO Employee - select this user type for those users directly employed by the DEO.
2. DEO Contractor - select this user type for those users contracted by the DEO.
3. RWB Employee - select this user type for those users directly employed by a RWB.
4. RWB Contractor - select this user type for those users contracted by a RWB.
5. Other - select this user type for all other users.

Section A - Completed by Requestor

User Contact Information: (Self-explanatory) Please complete this sub-section in its entirety. ALL fields are required.

Primary Unit Information: (Self-explanatory) Please complete this sub-section in its entirety. ALL fields are required except the *Unit(s)* field, which is required only for OSST users.

Section B - Completed by Supervisor

Supervisor Info: (Self-explanatory) Please complete this sub-section in its entirety. ALL fields are required.

Contract Manager Info: (Self-explanatory) Please complete this sub-section, if known.

System Owner: Denotes the DEO Business Unit responsible for the respective Information System.

System: Denotes the system(s) for which access can be requested.

Access Levels - Please select all that apply.

1. **Add:** Select *Add* if the user requires the ability to input new information into the system.
2. **Update:** Select *Update* if the user requires the ability to change information stored in the system.
3. **Delete:** Select *Delete* if the user requires the ability to delete information stored in the system.
4. **Read:** Select *Read* if the user ONLY requires the ability to view information stored in the system.

Roles (EFM and OSST only) - Please select the role which best describes the user's role in the system. Available options are:

- EFM -**
1. **Administrator** - Select if User requires Administrative rights within the EFM .
 2. **Banner Center** - Select if User is employed with a Florida Banner Center.
 3. **DHP Staff** - Select if User is a staff member in the Displaced Homemaker Program (DHP).
 4. **DHP Supervisor** - Select if User is a supervisor in the Displaced Homemaker Program (DHP).
 5. **Staff - Read Only** - Select if User is a RWB program staff member or contractor and requires ONLY Read access.
 6. **Staff - RSO** - Select if User will be assigned as a Regional Security Officer for the EFM.
 7. **State - Staff** - Select if User is an DEO associate requiring generic access to the EFM.
 8. **Supervisor** - Select if User is a Supervisor of an EFM related program.
 9. **TAA Case Manager** - Select if User is a case manager in the Trade Assistance Act (TAA) program.
 10. **Read Only** - Select if User is an DEO associate or contractor and requires ONLY Read access.
 11. **WIA Case Manager** - Select if User is a case manager in a Workforce Investment Act (WIA) program.
 12. **WP Case Manager** - Select if User is a case manager in a Wagner Peyser (WP) program.
 13. **WP/WIA Case Manager** - Select if User is a case manager in both a WIA and WP program.
- OSST -**
1. **Career Manger** - Select if User is a Career Manager in an OSST related program.
 2. **Supervisor** - Select if User is a Supervisor in an OSST related program.
 3. **Supervisor + RSO** - Select if User is a Supervisor and will be assigned duties as an OSST Regional Security Officer
 4. **Report Viewer** - Select if User only requires Read access to OSST reports.

Reason for Access - Please include a brief explanation of why the user requires the requested access.

Section C - Completed by All - (Self-explanatory) Please complete this sub-section in its entirety. ALL fields are required.