

NON-DISCLOSURE AGREEMENT

Between the State of Washington Office of Financial Management

And _____, employee of _____ Organization

As an employee of _____ ("Organization"), my job duties require that I have access to employee and organization human resource data using the Statewide HR SFT account. I acknowledge and agree that this data may contain records and information which are confidential or proprietary. This data may include, but is not limited to personally identifiable information.

I understand that I am responsible for safeguarding the data I access and, as it relates to my access, I am responsible for protecting the integrity of government systems and will comply with the following:

1. I will not access or use employee or organization data, and information derived therefrom for any commercial or personal use or gain. I will only use such data or information to the extent necessary and for the purpose of performing my assigned duties as an employee.
2. I will not directly or indirectly disclose, divulge, transfer (regardless of the method of such transfer including but not limited to, email, portable media, File Transfer Protocol (FTP), file location services), release, communicate, sell, or otherwise make known to unauthorized persons or any third party outside the scope of my position, any employee or organization information. I understand, acknowledge and agree that such prohibition is in effect during duty hours, as well as non-duty hours, unless authorized by my supervisor, organization policy or applicable state law.
3. I will not duplicate or reproduce employee or organization data, and information derived therefrom except for the purpose of performing my duties as an employee.
4. I will protect employee and organization data, and information derived therefrom from unauthorized physical and electronic access in a manner that prevents unauthorized persons from retrieving the information by means of computer, remote terminal or other means.
5. I will dispose of employee or organization data, and information derived therefrom, regardless of the form, including but not limited to electronic or paper records, in an appropriate manner, and in accordance with applicable laws and policies.
6. I agree to abide by all federal and state laws, regulations, and policies regarding the safeguarding and disclosure of the data, and information derived therefrom.
7. I acknowledge, understand and agree that my obligations for non-disclosure hereunder extend beyond the duration of my tenure in my current position and beyond my employment with the organization.

I understand that taking any action contrary to any of the activities set forth above, including but not limited to the unauthorized disclosure, access, manipulation or abuse of employee or organization information will be considered a breach of this Non-Disclosure Agreement by me. Such breach will be grounds for disciplinary action which may include termination of my employment, and in addition, may result in other legal action including being individually liable for damages resulting from my breach of this agreement and may subject me to civil penalty.

SIGNER'S ACKNOWLEDGEMENT:

I have read and understand the above Non-Disclosure Agreement. By my signature below, I acknowledge my receipt, understanding, and agreement to abide by this Non-Disclosure Agreement regarding data accessed through the Statewide HR SFT Account.

Print Name _____ Date _____

Signature _____