



Jefferson County Human Resources (JCHR) Employee Confidentiality Form

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Name of Employee: _____ Department/Division: _____

Work Email: _____

In the interest of ensuring the secure and proper use of confidential information, and out of respect for the privacy of others, the following requirements and restrictions apply to all users who have access to any Human Resources information system, network, or files and confidential information contained therein. Please ensure that you read the Jefferson County Human Resources Employee Confidentiality Policy. All County users must read and acknowledge each of the statements presented below by initialing in the space provided:

INITIAL

_____ I understand that the public perception of the JCHR is a sensitive and important matter and that even the appearance of impropriety can have serious repercussions on JCHR's public credibility, and consequently, its ability to fulfill its mission.

_____ I understand that I am granted access to potentially confidential information only as necessary to perform my work responsibilities and that I will access such information for Jefferson County business purposes only. The phrase "for Jefferson County business purposes" simply means to the extent necessary to do the job assigned to me. I understand that I am expressly prohibited from searching, accessing, viewing, printing, copying, transferring, modifying, sharing, or discussing any confidential information except for legitimate Jefferson County business purposes. Accessing or using confidential information or data for any unauthorized purpose is strictly prohibited.

_____ I understand that disclosing, disseminating, or allowing access to confidential information or materials (whether unintentional or otherwise) is strictly prohibited without the express approval of the Receiver or the Director of Human Resources. Disclosure or dissemination of, or allowing access to, confidential information to other parties or colleagues is allowed only when it is legally required to do so and/or when it is essential to the operation of the County, and strictly on a need-to-know basis.

_____ I will maintain the confidentiality and security of my passwords for accessing any Human Resources information system or network. I understand that I am strictly prohibited from providing or sharing passwords or any other access codes assigned to me to any person unless authorized in writing by the Receiver or the Director of Human Resources.

_____ I understand that confidential information must be properly safeguarded and kept secure at all times. Confidential information must never be left unattended or unsecured.

_____ I will take all precautions necessary to safeguard confidential information and will inform the Receiver or the Director of Human Resources immediately if any question or problem arises, no matter how minor it seems, concerning the confidentiality of information under the control of the JCHR.

_____ I will cooperate promptly, honestly, and completely with management investigations of systems use or misuse. Such investigations may be triggered by a report or a complaint, by software designed to detect prohibited uses, or by management monitoring at random or based on suspected misuse.

_____ I understand that inappropriate use of privileges to access and use of data may result in loss of access to the system and possible disciplinary actions, up to and including termination.

_____ I understand that any violation of this confidentiality agreement may constitute "cause" for disciplinary action, up to and including termination.

_____ I understand that this confidentiality agreement is signed as a condition of continued employment with Jefferson County and will continue to bind me even after I resign or otherwise separate from employment with the County.

By signing below, I acknowledge that I have received and read this Confidentiality Form, and that I agree to adhere to all of the above policies, restrictions, and requirements at all times regarding any Jefferson County Human Resources data or information to which I have access.

EMPLOYEE SIGNATURE: _____

DATE _____

** Please return completed form to the Human Resources Department. Only the original form with all initials and signature will be accepted.*