

VSL Roster Listing E-Reports

Iowa State University

EMPLOYEE CONFIDENTIALITY AGREEMENT

The purpose of this agreement is for employees of Iowa State University to understand their responsibilities to protect and safeguard the confidential information to which they have access during their employment.

To perform the responsibilities of my job at Iowa State University, I understand and agree that:

1. Access to confidential information is restricted to ISU employees with an appropriate need to know the information. This information includes, but is not limited to, social security numbers, personnel, financial, financial aid, health, IT systems, and university account information. Student information is also protected as confidential by the Family Educational Rights and Privacy Act (FERPA) and access is restricted to the student and ISU employees with an appropriate need to know the information.
2. By having access to this confidential information, I am agreeing to be responsible for the maintenance of the security and confidentiality of all information displayed on the IT system or stored in paper form in the offices in which I work, including the safeguarding of system passwords and identifications.
3. All confidential information is to be held in trust and confidence and only used for approved purposes associated with performing the responsibilities of my job and may not be misused, stored, or processed for inappropriate purposes or disclosed to unauthorized persons.
4. If I have any question about whether a proposed recipient of confidential information is authorized or not I must consult with my supervisor.
5. Any inappropriate or unauthorized use or disclosure of confidential information to unauthorized persons will be subject to immediate disciplinary action, up to and including, termination and/or legal action.

I have read and agree to abide by the policies and procedures developed by the University governing the access to information including but not limited to the ISU Information Security Policy and its associated policies.

I ACKNOWLEDGE MY RESPONSIBILITY UNDER, AND AGREE TO ABIDE BY, THIS CONFIDENTIALITY AGREEMENT.

Department number _____
(Additional department number if needed)

Printed name _____ University ID _____ Date _____

Signature _____ Supervisor's signature approving access _____

Return to Payroll, 1560 ASB