

**REQUEST FOR ACCESS TO ADWS
INFORMATION SYSTEMS AND
CONFIDENTIALITY AGREEMENT**

All information and data obtained by the Department of Workforce Services from any employing unit or individual is sensitive and shall be held confidential and protected by government privilege.

Access to and use of such information and data is limited to legitimate business needs and shall only be authorized for persons whose normal job duties require such access. Documents or information obtained from DWS computer systems shall be used for the conduct of official business only. Information or data secured with this agreement shall not be disseminated or discussed in a manner exhibiting lack of confidentiality, professionalism, or integrity; and shall not be conveyed to unauthorized persons. Passwords shall not be discussed or shared with non-supervisory persons, or used to sign on to any system for another. When signed on to DWS programs, computers shall not be left unattended.

Negligent or willful violation of this agreement will result in denial of access to DWS data, as well as potential criminal prosecution under A.C.A §. 11-10-106 (d).

I have read and understand this agreement; I will comply with the policy and be bound by its intent.

First Name (Please Print) MI Last Name	Signature:	Social Security Number:
Name of Employer:		Work Phone No.: ()
User Location (Street, City, State):	User Work E-mail Address:	Date:

User's Supervisor: Explain what information/data you need to access and provide detailed justification for your request.

ACCESS REQUESTED		
<input type="checkbox"/> 1. IWAGE	<input type="checkbox"/> 2. EMPLOYMENT SERVICE	<input type="checkbox"/> 3. *OTHER (specify) _____

*** Requires detailed justification**

JUSTIFICATION:

Please delete all access authority for this user effective: _____

Supervisor's Signature:	Date:	Location:	Phone Number: ()
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FOR DWS LOCAL OFFICE MANAGER'S USE

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	Comments:		
DWS Local Office Manager's Signature:	Office Name/Number:	Phone Number: ()	Date:

DWS Local Office Manager should mail the original of this completed form to:

**Department of Workforce Services
Internal Audit and Security
Post Office Box 2981
Little Rock, AR 72203**

FOR INTERNAL SECURITY USE

ID & Password Assigned:	
Signature of Internal Security Official:	Date: