Commonwealth of Pennsylvania
Commonwealth Workforce Development System
USER AGREEMENT AND ACCESS FORM: WORKFORCE

B-Users:

This *User Agreement and Access* form advises individuals who will have access to data through the Commonwealth Workforce Development System (CWDS) of the requirements, limits, and responsibilities of accessing these data. Compliance with this policy will ensure the security of all information which is processed, stored, maintained, or transmitted on CWDS and centrally managed by the Commonwealth of Pennsylvania. This agreement is designed to protect information from unauthorized use, change, destruction, or disclosure. This agreement does not supersede any other previously signed user agreements or access forms.

My signature below indicates my understanding of and agreement with the following provisions applicable to access to all data through CWDS. I understand and agree that:

I understand that CWDS is Pennsylvania's workforce development system of record and agree to record relevant workforce development activities including, but not limited to, services and case notes in a timely manner.

I will or may be exposed to certain confidential data maintained by CWDS.

I may not discuss with or reveal to anyone, in any manner, any of the information I obtain from that data, except to other persons also having the same level or higher-level authorization to these data, and only for purposes of performing my duties.

I must not reveal such information to my friends or family, nor use the information for any reason other than for performing my duties.

I must never share IDs or passwords with anyone.

I must always log off or appropriately secure sessions to a point that requires a new log-on whenever I leave my work area.

I agree to never engage in any illegal or inappropriate use of CWDS resources or engage in activities that interfere with or disrupt CWDS network users or services.

I may access CWDS data only while I am employed by the employer indicated below, only for the duties I am assigned during this employment, and only for the purposes of performing those duties.

I must report any observed violations of or attempts to violate the security provisions of this agreement to my supervisor or to the appropriate Local Office System Administrator.

I will abide by the confidentiality policies between partnering entities of CWDS, set forth by this document, and any other confidentiality policies established for CWDS.

I have no expectation of privacy of any communications, messages and files made, transmitted, received, or stored on or through CWDS, and that network administrators and others may routinely monitor CWDS for compliance with confidentiality and other requirements.

[ ]

By signing below, I agree to abide by the requirements set forth above for the types of access I have to CWDS. I understand that any violation of this agreement may result in loss of access, services or employment, legal action, or prosecution under federal and state laws.

☐ New User ☐ Change to Existing User

☐ Commonwealth Staff ☐ Partner Staff ☐ Staff to the Board

☐ DVOP/LVER

Name (print clearly) _____ Work Ph# (____)_____

Signature _____ Date _____/_____/_____

Email _____

Employer/Organization _____
(For State Staff please note Bureau – BWPO/BWDA/ATO/CWIA/OBCO)

Local Workforce Development Area City of Pittsburgh

Employer's FEIN _____

Account Information
To be completed by employee's supervisor (print clearly):

Employee Name (Print Clearly) _____

Job Title _____

Primary/Default Office #: _____ Office Name: _____

Additional Office #: _____ Office Name: _____

Additional Office #: _____ Office Name: _____

Additional Office #: _____ Office Name: _____

Additional Office #: _____ Office Name: _____

General Roles	Add	General Roles	Add
AP-AdHocReportMgr		AP-SrvcProviderAdminL1	
AP-CaseManager		AP-SrvcProviderAdminL2	
AP-CaseMgrTrain		AP-SupervisorLO	
AP-EmployerAdmin		AP-SupportRequestAdmin	
AP-EventsAdmin		AP-UserAdmin	
LI-WF-LobbyManagement		LI-PgrmReferralWorker	
LI-WF-LobbyManagement-ReadOnly		LI-WF-IncumbentWorker	
AP-OnlineMonitoringAdminLO		LI-WF-OM-FiscalRiskManagement	
AP-PgmRefPOCMgr		LI-WF-Oversight-ReadOnly	
AP-ProgramAdmin		LI-WF-PrelimScreening	
AP-ReadOnly		LI-WF-RegisteredApprenticeship	
AP-RptManager		LI-WF-RegisteredApprenticeshipDirector	

Location Roles	Add	Location Roles	Add
LI-WF-RPTAlleghenySW005		LI-WF-RPTNorthCentralNC125	
LI-WF-RPTBerksSE015		LI-WF-RPTNorthernTierNT130	
LI-WF-RPTBucksSE020		LI-WF-RPTNorthWestNW170	
LI-WF-RPTCentralOfficeCO000		LI-WF-RPTPhiladelphiaSE090	
LI-WF-RPTCentralPaCE175		LI-WF-RPTPittsburghSW095	
LI-WF-RPTChesterSE030		LI-WF-RPTPoconoNE135	
LI-WF-RPTDelawareSE035		LI-WF-RPTSAllegheniesSA100	
LI-WF-RPTLackawannaNE055		LI-WF-RPTSouthcentralSC180	
LI-WF-RPTLancasterSE060		LI-WF-RPTSWCornerSW165	
LI-WF-RPTLeValleyLV070		LI-WF-RPTTri-CountySW110	
LI-WF-RPTLuSchuylkillNE075		LI-WF-RPTWestCentralNW145	
LI-WF-RPTMontgomerySE080			

Restricted Roles (State Staff Only)	Add	Central Office Roles (State Staff Only)	Add
AP-AdministratorCO		LI-ContractGrantSpecialistCO	
AP-AdministratorLO		LI-GeneralUserCO	
AP-SystemSuperUser		LI-WF-Oversight-MonitorCO	
		LI-WF-Oversight-ReviewerCO	
		LI-WF-Oversight-SupervisorCO	

Conditionally Restricted	Add	Conditionally Restricted	Add
LI-WF-FinancialLO		LI-WF-TradeComptrollerDocuments	
LI-WF-FinanceReadOnly		LI-WF-TradeFiscal	
LI-WF-CARSCentralOfficeStaff		LI-WF-TradeGrantsManagement	
LI-WF-CARSComptroller		LI-WF-WIACentralOfficeStaff	
LI-WF-TradeComptrollerBudget		LI-WF-WIAComptroller	
AP-OnlineMonitoringAdminLO		LI-WF-OM-FisalRiskManagement	
LI-WF-OversightReadOnly		AP-OnlineMonitoringAdminLO	
LI-WF-TaxCreditAdmin		WF-TaxCreditAuditor	

LI-WF-TaxCreditProcessor		LI-WF-ContractGrantSpecialistCO	

Signatures

Supervisor (print clearly) _____ Work Ph# (____)_____

Signature_____ Date____/____/____

To be completed by Approving Authority – PA CareerLink® Administrator (print clearly):

Name_____ Work Ph#(____)_____

Signature_____ Date____/____/____

To be completed by Local Office System Administrator (LOA) (print clearly):

Name_____ Work Ph# (____)_____

Signature_____ Date____/____/____

To be completed by Central Office System Administrator (COA) (print clearly):

Keystone ID_____ ☐ Account Created ☐ Account Updated

Name_____ Work Ph#(____)_____

Signature_____ Date____/____/____

DISABLING a USER:

Reasons for Disabling

- ☐ No longer Employed.
- ☐ No longer needs CWDS Access
- ☐ Transferring Offices/Changed Employer

Employee's last day of work: ____/____/____

☐ User disabled by:

Name of LOA _____

Signature _____ Date___/___/___

☐ Verified by:

Name of COA _____

Signature _____ Date___/___/___