



## CONFIDENTIAL INFORMATION USER ATTESTATION FORM

I understand, that in the course of my employment with the Missouri Office of Workforce Development, Local Workforce Development Board, subrecipient, or partner agency, I will receive or become aware of information that is sensitive or confidential. This information may be written, electronic, or verbal, and come from a variety of sources. I understand that I am not allowed to access sensitive or confidential information unless it is necessary in order for me to complete my job responsibilities. I further understand that the Missouri Office of Workforce Development's policy on Confidentiality and Information Security applies to information I may inadvertently hear or see that does not directly involve me in an official capacity. I acknowledge that I must protect all sensitive or confidential information.

I understand, that in the performance of my duties, I may be requested to provide sensitive or confidential information to others. I agree to hold in confidence and not to disclose any sensitive or confidential information to any person, including employees of state, federal, or local governments, except to those who have an official business reason for the information. Should I have questions regarding the proper handling and disclosure of confidential or sensitive information, I will immediately notify my supervisor for further clarification and direction prior to releasing the information.

If I willfully and knowingly disclose such information in any manner to any person or agency not entitled to receive information, I understand that I may be subject to adverse action, including corrective or disciplinary action, or possibly, civil or criminal personal liability.

I acknowledge that I have read, understand, and will adhere to the Missouri Office of Workforce Development's Confidentiality and Information Security Plan and the above requirements.

Employer of Record \_\_\_\_\_

Signature \_\_\_\_\_