

## VAWC System Access Request - Staff

LWIA #:

System Administrator:

System Admin Phone:

Email:

### Staff Information

First Name:

Last Name:

Phone:

Email:

### Virginia Workforce Center Location

Please print location as it appears in system

Default Location:

Additional Location:

Complete address including Zip code is required

Address:

City:

State:

Zip:

County:

### Affiliated Programs

(Select all that apply)

### Staff Access Level

(Select all that apply)

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### ***For VAWC System Administrator Use:***

VAWC User Name Assigned:

Date Access Created in VAWC:

Date User Notified:

Other Accounts User has:

**COMMONWEALTH OF VIRGINIA**  
**Virginia Community College System**  
**Workforce Development Services**

**INFORMATION SYSTEMS SECURITY ACCESS**  
**ACKNOWLEDGEMENT AGREEMENT**

As a user of the Virginia Workforce Connection (VAWC) information systems, I understand and agree to abide by the Virginia Community College System (VCCS) Information Systems Security Guidelines for Employees/Consultants and the following terms which govern my access to and use of the information and computer services of VAWC:

Access has been granted to me by the VCCS as a necessary privilege in order to perform authorized job functions in VAWC. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (especially log-in ID's, passwords, terminal IDs, user IDs, file protection keys or production read/write keys) or information accessed for any purposes other than those required to perform my authorized employment functions;

I will not disclose information concerning any access control mechanism of which I have knowledge unless properly authorized to do so; and I will not use any access mechanism which has not been expressly assigned to me;

I agree to abide by all applicable Commonwealth of Virginia and VCCS agency policies, procedures, and standards which relate to the security of VAWC information systems and the data contained therein;

If I observe any incidents of non-compliance with the terms of this agreement, I am responsible for reporting them to the Information Security Officer and management of the VCCS;

I understand that Internet based systems are a public forum in which my association with VCCS and the Commonwealth of Virginia is highly visible and I agree that my usage of the VAWC will be consistent with the highest standards of professional conduct.

I will not disclose information concerning any access control mechanism of which I have knowledge unless properly authorized to do so; and I will not use any access mechanism which has not been expressly assigned to me. I will treat all information maintained on the VCCS computer systems as strictly confidential and will not release information to any unauthorized person.

The penalties for unauthorized disclosure of data can be found in the Code of Virginia § 18.2 – 186.6 (<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+18.2-186.6>).

By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same.

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Employee/Staff user signature

Date

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Employee/Staff Supervisor signature

Date

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LWIA System Administrator signature

Date