

## VDSS Information Security – Policy Acknowledgement form

**Hand-written signatures are required.**

### Instructions:

The VDSS Information Security - Policy Acknowledgement form is provided by the supervisor to new employees on the first day of employment. All new employees must read the VDSS Information Security Policy and Program Guide, the VDSS Privacy Policy and Program Manual, and the VDSS Information Resource Acceptable Use Policy prior to signing this form. All new employees must sign the VDSS Information Security- Policy Acknowledgement form prior to requesting access. The State/Local Security Officers are required to maintain electronic copies of these forms for each employee within their office/division for five years.

### The new user will:

- A. Read the form.
- B. Write your full name, date, and Division / Office / Locality.
- C. Sign the form to acknowledge your understanding of the VDSS Information Security Policy and Program Guide, the VDSS Privacy Policy and Program Manual, and the VDSS Information Resource Acceptable Use Policy.
- D. Give your completed form to your supervisor.

### The new user's supervisor will:

- A. Scan the completed form to email.
- B. Save the form as: User Last name First name – Acknowledgement – mmddyy  
(For Example: [Smith Thomas – Acknowledgement - 06012016](#)).
- C. Type the subject line as: Acknowledgement – User First name Last Name  
(For example: [Subject: Acknowledgement - Thomas Smith](#))
- D. Forward the completed Acknowledgement form to the State/Local Security Officer.
- E. Computer access for contract staff requires Central Security Office approval, so the State/Local Security Officer must forward this Acknowledgement form for ALL contractors to [security@dss.virginia.gov](mailto:security@dss.virginia.gov).

**The State/Local Security Officer** will ensure the form is properly completed. The State/Local Security Officer will keep an electronic copy of this form on file for each employee within their office/division for five years. Computer access for contract staff requires Central Security Office approval, so the State/Local Security Officer must forward this completed Acknowledgement form for ALL contractors to [security@dss.virginia.gov](mailto:security@dss.virginia.gov).

**This form is to be retained by the State/Local Security Officer for five years.  
The Central Security Office maintains these forms for ALL contractors.**

## VDSS Information Security – Policy Acknowledgement form

The Virginia Department of Social Services (VDSS) provides computers and computer accounts to its staff to assist them in the performance of their jobs. The computer systems and networks belong to VDSS, and the user may use the system for authorized purposes only.

I understand that it is my responsibility as a user to read and abide by the:

- VDSS Information Security Policy and Program Guide - <http://www.dss.virginia.gov/isrm/policyguide.pdf>
- VDSS Privacy Policy and Program Manual - <http://www.dss.virginia.gov/isrm/privacypolicy.pdf>
- VDSS Information Resource Acceptable Use Policy - <http://www.dss.virginia.gov/isrm/acceptableuse.pdf>

even if I do not agree with them. If I have any questions about the policy, I understand that I need to ask my State/Local Security Officer or contact the VDSS Central Security Office at [security@dss.virginia.gov](mailto:security@dss.virginia.gov).

I understand that any and all databases and files I have access to may have **confidential** information. I understand that I am prohibited from making any unauthorized access or disclosure of **confidential** information. I understand that I must protect data processing and telecommunication equipment, network, software, and data from accidents, misuse, and unauthorized use or disclosure.

I understand that violation of this agreement may result in disciplinary action or prosecution if I knowingly and/or intentionally misuse any information obtained from VDSS' data processing and telecommunications equipment, network, software, or data.

I understand that VDSS has the right to monitor any and all aspects of their computer systems and networks, Internet access, and email usage and that this information is a matter of public record and may be subject to inspection by the public and VDSS management. I further understand that I should have no expectation of **privacy** regarding Internet usage and sites visited or emails sent or received, even if the usage was for purely personal purposes.

My signature below acknowledges my understanding of the VDSS Information Security Policy and Program Guide, the VDSS Privacy Policy and Program Manual, and the VDSS Information Resource Acceptable Use Policy.

### Complete this form:

User's Full Name:	Date:
Signature:	Division / Office / Locality: