Appendix A

PCSD Employee Non-disclosure Agreement

As an employee of the PCSD, I hereby affirm that: (Initial)

I have read the Employee Non-Disclosure Assurances attached to this agreement form and PCSD's Data Governance Plan. These assurances address general guidelines for data use, sharing, and data security.

__ I will abide by the terms of the PCSD's policies and its subordinate guidelines.

I grant permission for the manual and electronic collection and retention of security related information, including but not limited to photographic or videotape images, of my attempts to access the facility and/or workstations.

Trainings

I have completed PCSD's Data Security and Privacy Fundamentals Training. OR

_____ I will complete PCSD's Data Security and Privacy Fundamentals Training within 30 days.

Using PCSD Data and Reporting Systems

- I will use a password-protected computer when accessing data and reporting systems, viewing student/staff records, and downloading reports.
- I will not share or exchange individual passwords, for either personal computer(s) or PCSD system user accounts, with PCSD staff or participating program staff.
 - ____I will lock or close my computer whenever I leave my computer unattended.
- _____I will only access data in which I have received permission to use in order to fulfill job duties.

____I will not attempt to identify individuals with the data, except as is required to fulfill job or volunteer duties.

Handling Sensitive Data

- ____ I will keep sensitive data on password-protected LEA-authorized computers.
- I will keep any printed files containing personally identifiable information in a locked location while unattended.

I will not share student/staff-identifying data during public presentations, webinars, etc. I understand that dummy records should be used for such presentations.

I will delete files containing sensitive data after working with them from my desktop or local computer drives.

Reporting & Data Sharing

- I will not disclose, share, or publish any confidential data analysis without the approval of my supervisor.
- I will take steps to avoid disclosure of personally identifiable information in LEA- or school-level reports, such as aggregating, data suppression, rounding, recoding, blurring, perturbation, etc.

I will <u>not</u> use email to send screenshots, text, or attachments that contain personally identifiable or other sensitive information. If I receive an email containing such information, I will delete the screenshots/text when forwarding or replying to these messages.

_____I will not transmit student/staff-level data externally unless explicitly authorized in writing.

I understand that when sharing student/staff-identifying data with authorized individuals, the only approved methods are phone calls or PCSD's Secure File Transfer
Protocol (SFTP). Also, sharing within secured server folders is appropriate for PCSD internal file transfer.
I will immediately report any data breaches, suspected data breaches, or any other suspicious activity related to data access to my supervisor and the PCSD Information
Security Officer. Moreover, I acknowledge my role as a public servant and steward of student/staff information, and affirm that I will handle personal information with care to prevent disclosure.
Consequences for Non-Compliance
I understand that access to the PCSD network and systems can be suspended based on any violation of this contract or risk of unauthorized disclosure of confidential information;
I understand that failure to report violation of confidentiality by others is just as serious as my own violation and may subject me to personnel action, including termination.
Termination of Employment
I agree that upon the cessation of my employment from PCSD, I will not disclose or otherwise disseminate any confidential or personally identifiable information to anyone
outside of PCSD without the prior written permission of the Student Data Manager of PCSD.
Print Name:
Signed:
Date: