

# Employer Information Circular

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## Security Agreement Modifications for Access to CalSTRS Information

**This circular supersedes Volume 22; Issue 3 dated February 1, 2006**

Effective with Release 3.0 of the Secure Employer Web site (SEW), scheduled for early December, 2008, the security forms required for access to CalSTRS information will change.

- The *CalSTRS Security, Confidentiality and Non-Disclosure Agreement for Non-State Employees* (ISO 1949B) is the single form required to request access to SEW. The online registration process includes access to the form.

This form was revised to remove references to REAP and FTP. REAP functionality is included in SEW Release 3.0, and submission of data files via FTP was retired in early 2008.

Checking the Employer box on page 2 of the form indicates a request for SEW access.

- Forms *Remote Mainframe Access Request* (OL-1133.1) and *Security and Confidentiality Statement for Non-State Employees* (DTS250) are no longer required.

Also effective with SEW Release 3.0, SEW Employer Administrators will no longer submit the *Remote Mainframe Access Request* form (OL-1133.1) to deactivate a SEW user. Instead, an e-mail must be sent to the CalSTRS Service Desk at [servicedesk@calstrs.com](mailto:servicedesk@calstrs.com). Detailed instructions are provided in Chapter 2, Employer Administrator Procedures, of the *SEW Employer Web Site User Manual*.

If you have questions, contact us at [EmployerHelp@CalSTRS.com](mailto:EmployerHelp@CalSTRS.com).

Attachment:

*CalSTRS Information Security, Confidentiality and Non-Disclosure Agreement for Non-State Employees* (ISO 1949B)



## CalSTRS Information Security, Confidentiality and Non-Disclosure Agreement for Non-State Employees

The purpose of this agreement is for the signatory to know, understand, and agree to the terms and conditions of Information Security, Confidentiality, and Non-Disclosure. This agreement covers confidential and sensitive CalSTRS information, computer systems, databases, electronic devices, User IDs and passwords.

Authority: **Education Code Section 22306** requires that all information provided by CalSTRS members be considered confidential. In addition, there are other statutory protections set forth in California Law that govern the protection of confidential member information provided by the member or secured from another source. As confidential data, the information is not to be released by the California State Teachers' Retirement System unless under specific legal exceptions.

**Civil Code 1798.80 – 1798.85** define requirements for the protection of personally identifiable information.

**Sections 4840 – 4887.7 of the State Administrative Manual** detail what is the appropriate use of personal computers as it relates to information security and risk management.

### **INFORMATION SECURITY**

By signing this agreement, the undersigned:

- must take necessary precautions to ensure the security of all information they access.
- is prohibited from engaging in any employment, activity, or enterprise that may jeopardize any form of CalSTRS information, systems, assets, and/or program operations.
- must report any illegal and/or unauthorized activities related to the use of CalSTRS information to their CalSTRS supervisor/manager and CalSTRS' Information Security Office.
- must comply with any practices or procedures for secure destruction of any paper and/or electronic copies of information after such time said copies are no longer required to conduct CalSTRS-related business. Paper media will be shredded. CD's will be physically destroyed, and tapes and diskettes demagnetized.
- is prohibited from sharing or giving any security-related devices or information, such as Token Cards, access cards, User IDs, or related passwords, unless the person is authorized to receive such.
- agrees to return all security-related devices and immediately cease using User ID and password upon separation from CalSTRS.
- agrees to request changes or new connectivity through their immediate supervisor/manager only.

### **CONFIDENTIALITY and NON-DISCLOSURE**

The undersigned requesting access to CalSTRS information and/or systems further agrees to:

- protect the confidentiality of all sensitive information against misuse or abuse. This includes, but is not limited to, employee/member information, confidential documents, electronic records, or other items that are collected, accessed, processed, or stored.

- not disclose CalSTRS information to anyone for purposes other than CalSTRS-related business.
- use reasonable precautions to assure that CalSTRS information is not disclosed to unauthorized persons or in an unauthorized manner.

By signing the CalSTRS Information Security, Confidentiality, and Non-Disclosure Agreement for Non-State Employees, I agree to abide by the access and user privileges CalSTRS has granted me. I understand that unauthorized use or disclosure of CalSTRS confidential information is against CalSTRS policy and California State and Federal law. I understand that I may be subject to disciplinary action and termination of personal, company, district, and/or county office access to CalSTRS information for engaging in any acts prohibited by this agreement or any amendment thereof during the time of my employment/contract.

Please check one:

Contractor     
  Student     
  Employer  
 Benefits Counselor     
  Other: \_\_\_\_\_

Please check here if you have been convicted of a felony, and/or a misdemeanor charge relating to or implications of fraud, robbery, identity theft, telecom or computer crime.

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employee Name ( <i>Please Print</i> )	Office Name/Work Unit (i.e. School District Office, Hornet Foundation, Contractor Company, etc.)
Employee Phone Number	Office/Work Unit Address (1)
Employee Email	Office/Work Unit Address (2)
Supervisor/Manager Name (i.e. School District, Hornet Foundation, Contractor Company, etc.)	Supervisor/Manager Phone Number (i.e. School District, Hornet Foundation, Contractor Company, etc.)
Employee Signature	Date
Supervisor/Manager Signature	Date

If applicable, complete the following:

CalSTRS Supervisor/Manager Name ( <i>Please Print</i> )	CalSTRS Office/Work Unit Name
CalSTRS Supervisor/Manager Phone Number	

## **Instructions for Completing CalSTRS Information Security, Confidentiality and Non-Disclosure Agreement for Non-State Employees**

1. Read paragraphs 1 – 4, “Information Security” and “Confidentiality and Non-Disclosure” Sections, and the conditions of agreement paragraph (follows two sections above).
2. **“Please Check One”**
  - **Contractor:** If you work for a company that is contracted to provide services to CalSTRS, check this box.
  - **Student:** If you are a Student Assistant working for CalSTRS, check this box.
  - **Employer:** If you work for a county office of education, school district, or individual school and will have access to the Secure Employer Website (SEW) for electronic information sharing, check this box.
  - **Benefits Counselor:** If you work for a school district and will have access to START, Remote Access, Schedule Direct, Retirement Benefits Calculator, a laptop or desktop computer, or other CalSTRS information, check this box.
  - **Other:** If you are not a State employee, will have access to CalSTRS confidential or sensitive information, and do not fit into one of the above information user groups, check this box and enter a general description of your user group (federal government) and what information you will be accessing.
3. **“Please check here...”**, if you have been convicted of a felony or misdemeanor that involved fraud, robbery, identity theft, telecommunications or a computer crime, check the box next to the question and provide an explanation of the charge(s) and the resolution.
4. **Employee Name:** Print your full name.
5. **Office Name/Work Unit:** If your information user group is:
  - **Contractor:** Print the name of the Company for which you work.
  - **Student:** Print the name of the student work program under which you are working (Hornet Foundation, Federal Work Study).
  - **Employer:** Print the name of the county office of education, school district office, or individual school for which you work.
  - **Benefits Counselor:** Print the name of the school district office for which you work.
  - **Other:** Print the name of the organization for which you work.
6. **Employee Phone Number:** Print your work phone number including the area code. If you work at a CalSTRS facility, enter your CalSTRS phone number.
7. **Office/Work Unit Address (1):** Print your work address. If you work at a CalSTRS facility, enter the building in which you work (West, East, or Midway Building).
8. **Employee Email:** Print your work email address. If you work at a CalSTRS facility, enter your CalSTRS email address.
9. **Office/Work Unit Address (2):** Print your work address. The address (2) line provides additional space to enter the address.

10. **Supervisor/Manager Name:** Print the name of your immediate supervisor or manager. Student Assistants should enter the name of their CalSTRS supervisor or manager. Everyone else should enter the name of their supervisor or manager at the organization for which they work.
11. **Supervisor/Manager Phone Number:** Print the phone number of your immediate supervisor or manager. Student Assistants should enter the phone number of their CalSTRS supervisor or manager. Everyone else should enter the phone number of their supervisor or manager at the organization for which they work.
12. **Employee Signature:** Sign your full name.
13. **Date:** Enter the date of your signature.
14. **Supervisor/Manager Signature:**
- **Contractor:** Have your immediate supervisor or manager in the company for which you work sign here.
  - **Student:** Have your CalSTRS supervisor or manager sign here.
  - **Employer:** Have your immediate supervisor or manager at the county office of education, school district, or individual school for which you work sign here.
  - **Benefits Counselor** Have a CalSTRS Client Outreach and Guidance manager sign here.
  - **Other:** Have your immediate supervisor or manager in the organization for which you work sign here.
15. **Date:** Enter the date of supervisor's or manager's signature.
16. **CalSTRS Supervisor/Manager Name:**
- **Contractor:** Have your CalSTRS supervisor or manager sign here.
  - **Student:** Have your CalSTRS supervisor or manager sign here.
  - **Employer:** This signature is not required.
  - **Benefits Counselor** Have a CalSTRS Client Outreach and Guidance manager sign here.
  - **Other:** This signature is not required.
17. **CalSTRS Office/Work Unit Name:** If you work for a CalSTRS supervisor or manager, print their office or work unit name here (Human Resources, Service Retirement, etc.). This information is not required for Employers or those in the "Other" category.
18. **CalSTRS Supervisor/Manager Phone Number:** If you work for a CalSTRS supervisor or manager, print their CalSTRS phone number here. This information is not required for Employers or those in the "Other" category.