

# Employer Information Circular

Volume 22; Issue 3

February 1, 2006

---

## Security Agreement Modifications for Access to CalSTRS Information

This circular is to inform employers of modifications made by CalSTRS' Information Security Office to improve the protection of CalSTRS information. The security agreement utilized by CalSTRS' information users has been revised. The new agreement is more comprehensive and is in keeping with today's security concerns.

The CalSTRS *Security and Confidentiality Agreement for Non-State Employees* (OL0375) form is being replaced by a new agreement, *CalSTRS Information Security, Confidentiality, and Non-Disclosure Agreement for Non-State Employees* (ISO 1949B).

Effective February 1, 2006, new applications to request access to CalSTRS Remote Employer Access Program (REAP) or File Transfer Protocol information from employers and individual school districts must use the new *Information Security, Confidentiality, and Non-Disclosure Agreement for Non-State Employees* agreement form (ISO 1949B) accompanied with the *Remote Mainframe Access Request* (OL-1133.1 rev.11/2/05) and *Security and Confidentiality Statement for Non-State Employees* (DTS250). Current users are not affected by this change.

These forms may be found at [www.calstrs.com](http://www.calstrs.com), under the employers' secured site in the section titled "REAP Access Request Process." You may also contact the CalSTRS Service Desk at 916-229-HELP (4357), where they will fax or mail the forms to you.

Attachments:

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

*Remote Mainframe Access Request* (OL-1133.1 rev.11/2/05)

*Security and Confidentiality Statement for Non-State Employees* (DTS250)



## 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** defines requirements for the protection of personally identifiable information.

**Sections 4840 – 4887.7 of the State Administrative Manual** details 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 (REAP or FTP)  
 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 school district or individual school and will have access to Remote Employer Access Program (REAP) or File Transfer Protocol (FTP) for electronic information sharing, check this box.
  - **Benefits Counselor:** If you work for a school district and will have access to START, Remote Access, 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 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 school district 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.

# Remote Mainframe Access Request

**Send To: Service Desk, MS: 90**  
**California State Teachers' Retirement System**  
**PO Box 15275**  
**Sacramento, CA 95851-0275**  
**FAX (916) 229-4905 PHONE (916) 229-4357**

Date \_\_\_\_\_

User's Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 County: \_\_\_\_\_ County Code \_\_\_\_\_  
 School District: \_\_\_\_\_ District Code \_\_\_\_\_

**A. RACF Access**

<input type="checkbox"/> <b>Add New User</b> <input type="checkbox"/> <b>Delete User: ST_____</b> <input type="checkbox"/> REAP <input type="checkbox"/> RCS <input type="checkbox"/> FTP <input type="checkbox"/> VPN <input type="checkbox"/> CWO	<b>ADMINISTRATOR USE ONLY</b>  User ID _____ VPN Group _____
--	---

**B. Comments/Justification**

**User's Certification:** I have read and understand CalSTRS Information Security Confidentiality and Non-Disclosure Agreement, and have certified the same. I agree to fully comply with the policies and rules stated therein when accessing computer resources, and further agree that I will take necessary precautions to ensure the protection of the data/files from unauthorized access or destruction.

User's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Division/District Approval:** We certify that we have evaluated the applications needed by the user, and have determined that the requested actions are appropriate and will not give the user unneeded access to computer files and processes. For new user and expanded access request, the user has received basic training on accessing and using applicable systems to ensure protection of the data/files. When the access privileges for this user needs to be changed, we will inform the RACF Coordinator and when necessary complete the CalSTRS Separation/Transfer Form.

	Signature	Name	Date
Supervisor/ District Contact:	_____	_____	_____
Division/District Chief:	_____	_____	_____

	Signature	Date	ADMINISTRATOR USE ONLY
RACF:	_____	_____	
Natural:	_____	_____	
Constrain:	_____	_____	
VPN:	_____	_____	
CWO:	_____	_____	
			<input type="checkbox"/> User Notified

# SECURITY AND CONFIDENTIALITY STATEMENT FOR NON-STATE EMPLOYEES

I agree to comply with the following rules and regulations:

1. Only those individuals pre-approved by the Information Security Officer (ISO) from the requesting agency are assigned Department of Technology Services Logon IDs and dial-in tokens.
2. Individuals required to use token devices to access the Department of Technology Services applications by means of dial-in connection must use authentication token devices approved, supplied, and administered by DTS and distributed to them through the requesting agency's RACF/token coordinator.
3. Passwords and Personal Identification Numbers (PINs) are to be treated as confidential information.
4. Computerized files created by or for client agencies and all information and documents associated with these files are considered owned by those agencies and as such, customer confidential. No one may divulge confidential information available through them through their association with the Department of Technology Services.
5. No one may alter or destroy data without authorization from the data owner.
6. Users accessing customer agency data must take precautions to ensure the protection of the data from unauthorized access or destruction.
7. No one may upload or download customer agency data without prior approval from the agency's ISO and the Department of Technology Services ISO.
8. Users must take reasonable precautions to prevent virus contamination of State systems.
9. All rights and privileges to access data from the undersigned can be revoked by the customer agency's Information Security Officer, if deemed appropriate to protect an agency's data assets.

Compliance with the above is required as a condition of accessing systems at the Department of Technology Services and is legally binding on all individuals signing this form. A refusal to sign the acknowledgment below will result in the individual being denied access to the DTS and its files. Violation of Section 502 of the California Penal Code (attached) could result in criminal proceedings by state and local law enforcement agencies.

I have read and understand the above, and will fully comply with the policies and rules/regulations stated therein.

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Agency ISO's Signature)

\_\_\_\_\_  
(Date of Signature)

\_\_\_\_\_  
(Date of Signature)

PLEASE TYPE/PRINT:

PLEASE TYPE/PRINT:

Employee Name \_\_\_\_\_  
Company's Name \_\_\_\_\_  
Company's Address \_\_\_\_\_  
Company's Phone Number \_\_\_\_\_

State Agency \_\_\_\_\_  
Agency ISO's Name \_\_\_\_\_  
Agency ISO's Phone Number \_\_\_\_\_