

1099 DOWNLOAD APPLICATION
"AFRS with TIN" Universe
NON-DISCLOSURE AGREEMENT regarding
CONFIDENTIAL INFORMATION

As an employee of [*agency code/name:* _____], I will be accessing the "AFRS with TIN" Universe, which contains records and information in either electronic or paper, which are deemed to be confidential by statute or by a contract such as information sharing agreement/data-sharing agreement, service level agreement, or vendor contract.

This information could include, but is not limited to: personally identifiable information, educational information, or health information, related to citizens, businesses, or employees of the State of Washington, or proprietary information provided by a vendor.

I understand that I am responsible for maintaining this confidentiality and have a duty to safeguard and protect the integrity of government services. In my employment I will comply with the following:

- I will not access or use confidential information for any commercial or personal use or gain, but only to the extent necessary and for the purpose of performing my assigned duties as an employee.
- I will not directly or indirectly disclose, divulge, transfer (such as but not limited to, email, portable media, File Transfer Protocol (FTP), file location services), release, communicate, sell, or otherwise make known to unauthorized persons or any third party outside the scope of my position any confidential information during duty hours as well as non-duty hours or when not in use unless authorized by my supervisor, agency policy or applicable state law.
- I will not duplicate or reproduce confidential information except for the purpose of performing my duties as an employee.
- I will protect confidential information from unauthorized physical and electronic access in a manner, which prevents unauthorized persons from retrieving the information by means of computer, remote terminal or other means.
- I will dispose of confidential information, in electronic or paper form, in an appropriate manner.
- I agree to abide by all federal and state laws, regulations, and policies regarding confidentiality and disclosure of the information in the download.

I understand that the unauthorized disclosure, access or manipulation or abuse of confidential information may result in my being individually liable, may subject me to civil penalty, and could result in disciplinary action in accordance with [WAC 357-40-010](#). [WAC 357-40-010](#) states: An appointing authority may dismiss, suspend without pay, demote, or reduce the base salary of a permanent employee under his/her jurisdiction for just cause.

SIGNER'S ACKNOWLEDGEMENT:

Please sign and date this document, which will acknowledge your receipt, understanding, and agreement to abide by this Non-Disclosure Agreement Regarding Confidential Information.

Print Name

Signature

Date