

# REQUEST FOR ACCESS TO NM WORKSPLUS ONLINE DATABASE

**HUMAN SERVICES SECURITY CODE OF CONDUCT, PARAGRAPH 041.5, "DISCLOSURE OR MISUSE OF CONFIDENTIAL OR OFFICIAL INFORMATION":**

- A. The **Employee** may not disclose confidential or official information if the disclosure of such information is prohibited by law or regulation or would be contrary to the best interests of the department or its clients. This includes confidential information from other governmental agencies that employees may gain access to through electronic data connections.
- B. The **Employee** may not disclose or misuse confidential or official information not generally available to the public, or acquired by virtue of his/her employment with HSD, for his/her own or another awarding contracts or grants by the department before the official release of such information.

**EXECUTIVE BRANCH INFORMATION TECHNOLOGY RESOURCES POLICY: INTERNET, INTRANET, E-MAIL AND DIGITAL NETWORK USAGE**

The **Employee** has read the Executive Order, Executive Branch Information Technology Resources Policy regarding Internet, E-mail, and Digital Network Usage. I fully understand the terms of this policy and agree to abide by them. I realize that the Human Services Department's security software may record for management use the internet address of any site that I visit and keep a record of any network activity in which I transmit or receive any kind of file. I know that any violation of this policy could lead to dismissal or criminal prosecution.

The **Employee** confirms that they have read the acknowledgement and have had an opportunity to ask questions about it. I also agree to abide by the terms of the Information Technology Resource Policy in this regard.

**I understand that the Works Plus online data base is maintained by a NM Works Contractor. Any contact regarding the database must be with a NM Works contractor and not with the HSD Network Help Desk or the ISD2 Help Desk. The supervisor who signs this form is also responsible for telling the NM Works contractor when any employee with access to the Works Plus database is no longer employed.**

**APPROVALS**

	Name (Please Print) and email address	Signature	Date
Gold Mentor			
Supervisor or Designee			
HSD Central Office			

**CONTACT PERSON (IF QUESTIONS ARISE)**

Name (Print)	Title	E-mail Address	Phone Number	Requested Date for Changes