

VIRGINIA DEPARTMENT OF JUVENILE JUSTICE
INFORMATION SECURITY AGREEMENT

As a user of the Department of Juvenile Justice's (DJJ) distributed network, I understand and agree to abide by the following terms that govern my access to and use of the data processing services:

1. Access is granted to me by DJJ as a necessary privilege in order to perform authorized job functions for which I am currently employed.
2. I acknowledge that the data contained in and accessed using DJJ's information systems and the Commonwealth's network are the property of the Commonwealth of Virginia.
3. Although I have access to data, I shall not read, disclose, provide, or otherwise make available, in whole or in part, such information other than to those to whom such disclosure is authorized by the Code of Virginia, the Virginia Administrative Code, and DJJ policies and procedures. Such disclosure shall be in confidence for purposes specifically related to the business of DJJ and the Commonwealth of Virginia. Unlawful disclosure of juvenile information is a misdemeanor.
4. I agree that my obligations with respect to the confidentiality and security of all information disclosed to me shall survive the termination of any agreement or relationship with DJJ.
5. I am prohibited from using or knowingly permitting the use of any assigned or entrusted access control mechanisms (such as login identifications or passwords) for any purpose other than those required to perform my authorized employment functions.
6. I shall not disclose information concerning any access control mechanism of which I have knowledge unless properly authorized, in writing, in advanced by the DJJ Director or the DJJ Information Security Officer (ISO); and I shall not use any access mechanism that was not expressly assigned to me.
7. I agree that login identifications and passwords are not to be shared or disclosed under any circumstances, and there is no exception to this prohibition. I understand and agree that users are accountable for any activity on DJJ's information systems and the Commonwealth's network performed with the use of their account.
8. I acknowledge that all network traffic, including, but not limited to, electronic mail, Internet, and or any file transferred over a Commonwealth of Virginia network resource shall be subject to electronic monitoring; and thus I shall have no expectation of privacy.
9. I agree to abide by all applicable DJJ policies, procedures, standards, directives, and requirements that relate to the security of DJJ's computer systems and the data contained therein.

10. I shall take all appropriate action to ensure the protection, confidentiality, and security of information and automated systems. I shall perform my duties with quality and integrity, in a professional manner, and in keeping with established standards and requirements. I shall report all violations of information security immediately to the DJJ ISO at iso@djv.virginia.gov).

By signing this agreement, I hereby certify that I understand the preceding terms and provisions and I accept the responsibility of adhering to the same. A failure to sign this agreement shall result in the suspension of all network access privileges, and may, as a result, lead to the termination of my employment with DJJ.

I further acknowledge that DJJ shall investigate alleged or suspected violations of this agreement and shall suspend service or access to users with or without notice when necessary to protect the operation or integrity of the state communications infrastructure or connected networks.

I further acknowledge that a user who violates this Agreement shall be subject to immediate loss of Network access and other computer resources. In addition, users may be subject to disciplinary action, up to and including discharge, under the Commonwealth's Standards of Conduct for any violation. Contractors assigned to or working for the agency may be subject to administrative and contractual sanctions. Criminal or civil action also may be initiated in appropriate instances.

I have been given a copy of the Administrative Procedure "VOL I-1 3-7 Information Resource Acceptable Use Procedure," and I understand it is my responsibility to read and abide by this procedure, even if I do not agree with some or all of its contents. If I have any questions about the Administrative Procedure, I understand that I am responsible for asking my supervisor for clarification.

I further certify that I understand that the granting of, or continuation of, access privileges shall be dependent upon successful completion in the allocated time of designated security awareness trainings.

Employee Name (Please Print)

Date

Employee Signature

Last 4 digits of SSN

Office Location

Division Name