

NON-DISCLOSURE AGREEMENT

Between the State of Washington Office of Financial Management

And _____, employee of _____ Agency

As an employee of _____ (“Agency”), I have access to vendor payment information within Enterprise Reporting, either in Standard Reports or Web Intelligence that is not owned by or in the possession of the Agency. This data owned by an agency other than the Agency may contain records and information which are confidential or proprietary. This information could include, but is not limited to personally identifiable vendor payment information.

I understand that I am responsible for the safeguarding of the data I access and am to protect the integrity of government services. In my employment I will comply with the following:

- I will not access or use vendor payment 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 vendor payment 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 vendor payment information except for the purpose of performing my duties as an employee.
- I will protect vendor payment 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 vendor payment information, in electronic or paper form, in an appropriate manner.
- I agree to abide by all federal and state laws, regulations, and policies regarding the safeguarding and disclosure of the information.

I understand that a breach of this Non-Disclosure Agreement by taking action contrary to any of the activities set forth above, including but not limited to the unauthorized disclosure, access, manipulation or abuse of vendor payment information will be grounds for disciplinary action which may also include termination of my employment, and in addition, may result in other legal action including being individually liable for damages resulting from my breach of this agreement and may subject me to civil penalty.

SIGNER'S ACKNOWLEDGEMENT:

I have read and understand the above Notice of Nondisclosure of information. By my signature below, I acknowledge my receipt, understanding, and agreement to abide by this Non-Disclosure Agreement Regarding Vendor Payment Information accessed through Enterprise Reporting.

Print Name _____ Date _____

Signature _____