



County of Los Angeles Department of Economic Opportunity

SYSTEM ACCESS REQUEST FORM

This form is used to authorize security privileges/user id for persons using the online system. New persons may be added and existing user's accounts may be deactivated or have changes made to their current privileges. Request can be submitted to the CalJOBS Technical Support team by email to caljobstechsupport@opportunity.lacounty.gov
Notification of account information will be sent to new users after appropriate authorization has been received.

System Type: CalJOBS: Youth At Work: PowerBI Report Access:

NEW USER INFORMATION

Employee Name: _____ *Employee ID: _____
Email: _____ Phone: _____
Job Title: _____
Agency: _____ Agency Zip Code: _____
Signature: _____ Date: _____

***Applies to Los Angeles County Employees**

Select the Appropriate Role:

CalJOBS Role:

Staff Supervisor View-Only

DEACTIVATE EXISTING USER OR CHANGE ROLE PERMISSIONS

Deactivate Existing User? No Yes Change Role Permissions? No Yes (Indicate New Role Above)

Name: _____ User ID: _____

REQUESTOR AUTHORIZATION

Division Manager/Supervisor _____

Signature: _____ Date: _____

SYSTEM ADMINISTRATOR AUTHORIZATION

Approved: No Yes

Processed By: _____ Date: _____

IT Administrator: _____

Signature: _____ Date: _____



COUNTY OF LOS ANGELES DEPARTMENT OF ECONOMIC OPPORTUNITY

department
of economic
opportunity
COUNTY OF LOS ANGELES

WIOA STATEMENT OF CONFIDENTIALITY AND AGREEMENT FORM

As a Los Angeles County WIOA Adult, Dislocated Worker and/or Youth Program Provider, I shall maintain confidentiality of Personally Identifiable Information, and agree to the following:

1. I will NOT publish, disclose, use, or allow others to publish, disclose, or use any confidential information related to America's Job Center of California (AJCC) applicants, participants, or customers. If confidential information must be published, disclosed, or used, a specific release must be voluntarily signed by the applicant, participant, or customer. This includes, without limitation, information that is subject to Health Insurance Portability and Accountability Act of 1996, Health Information Technology for Economic and Clinical Health Act of 2009, or any other confidentiality or privacy legislation.
2. I will share participant information solely for the purposes of enrollment, referral, or provision of services, as well as for the purpose of assessments or audits conducted by County staff.
3. I will use the CalJOBS system for approved business purposes only.
4. I will immediately report to my management any suspected misuse or crimes related to WIOA information technology resources or otherwise in accordance with California Penal Code 502(c).
5. I will not subvert or bypass any security measure or system which has been implemented to control or restrict access to applicable information technology resources (e.g., computers, networks, systems, data, etc.) and any related restricted work areas and facilities. In addition, I will not share my computer identification codes and other authentication mechanisms (e.g., logon identification (ID), computer access codes, account codes, and passwords).
6. I will not intentionally introduce any malicious device (e.g., computer virus, spyware, worm, key logger, or malicious code) into any applicable computer, network, system, or data. In addition, I will not disable or delete computer virus detection and eradication software on any applicable computers, servers, and other computing devices.
7. I will only use County or AJCC information technology resources to create, exchange, publish, distribute, or disclose in public forums (e.g., blog postings, bulletin boards, chat rooms, Twitter, Facebook and other social networking services) any approved, non-sensitive information relevant to County or AJCC business.
8. I understand that my non-compliance with any provision of this Statement may result in disciplinary action and other actions (e.g., suspension, discharge, denial of access, and

