



INSTRUCTION NUMBER 16-08

To: Catawba Workforce Development Area

Subject: SC Works Online System (SCWOS) Partner Privileges

Issuance Date: February 1, 2017

Effective Date: Immediately


Purpose: To issue State guidance regarding the granting of SC Works Online System (SCWOS) privileges to SC Works partner staff. This guidance replaces State Instruction 11-04.

Background: Currently, the Wagner-Peyser, WIOA Title IB and Trade Adjustment Assistance programs utilize SCWOS to record and track program services and case management notes. As the SC Works System continues the integration of partners and programs, it is often advisable and desirable for partner staff to use the labor exchange functions in SCWOS to record and track jobseeker and employer services. WIOA Title IB local grant recipient staff and SC Works center operators are best suited to determine which partner staff should have SCWOS privileges, and to what extent.

Policy: State staff at the Department of Employment and Workforce (DEW) is responsible for granting access to SCWOS for **state level** partner staff and state grantees through the completion of a *Staff User Account Request Form*. If it is determined that local partner staff should be granted privileges to use SCWOS and record services, the SCWOS Coordinator for the local workforce area should submit a completed *Staff User Account Request Form* (see attached) to the IT Service Center at DEW. Forms should be emailed to servicecenter@dew.sc.gov. State staff will work with local areas to create appropriate privilege groups. Each local workforce area is responsible for ensuring partner staff in their area is trained in the use of SCWOS. Technical assistance and support will be provided through the IT Helpdesk as needed.

Action: Ensure that appropriate staff receive and understand this policy.

Inquiries: Questions may be directed to Nicole Lawing at nlawing@catawbacog.org or 803.327.9041.



Nicole Lawing, WIOA Administrator
Attachment

Serving Chester, Lancaster, Union, & York Counties

1. Please check at least one of the boxes below. (Only one account change per form)

- Create a New Account
- Change an Existing Account. If checked, please enter staff username here " " "
- Inactivate an Existing Account. If checked, please enter staff username here " " "
- Has this person ever had a SCWOS account before? If checked, what was the username? " " "
- Other Request, Describe in Item 9 (See Below)

2. Who is requesting the account and which LWDA do you represent?

Requested By _____ LWDA **Select One**

3. What date would you like this account to be activated / Inactivated?

Date to Activate Account _____ Date to Inactivate Account if Known _____

4. If this is a new account or if you do not know the person's username please provide the following information.

First Name _____ Middle Initial _____ Last Name _____
 Phone Number _____ E-mail Address _____ Zip Code _____

5. If this is a new account please provide the name of the individual's employer and the SC Work Centers, contractors and/or service providers for whom the individual will be accessing customer records.

Staff Employed By _____
 Site or Location(s) Staff will Access _____

6. If this is a new account, what is the staff person's job title? If it is not listed, please enter it in the space below marked "Other."

Job Title: **Select One** _____ Job Title Continued **Select One** _____
 Other: _____

7. Check all of the program(s) in which this staff person will be working.

- Trade Adjustment Assistance (TAA) | Wagner-Peyser | Workforce Innovation & Opportunity Act (WIOA) Title I.
- Generic Module: *(Specify Grant)* _____

8. Check all of the position(s) with which this staff person will be working.

- DVOP (VESS) | LVER (WWS) | Staff

9. Please provide a detailed description of any change requested in the space provided below.

10. You MUST read and sign the Individual Non-Disclosure and Confidentiality Certification

USER Agreement

I, _____, understand that as a user of South Carolina Works Online Services (SCWOS), I have a legal and ethical responsibility to maintain the confidentiality of employer, employee, claimant, applicant and participant information and to safeguard the privacy of employer, employee, claimant, applicant and participant information. All confidential information, particularly Personally Identifiable Information (PII) are subject to the protection of federal, state and local laws and are to be protected accordingly.

In addition, I understand that during the course of my employment/assignment/affiliation with SCWOS, I may see or hear other confidential information such as financial data and operational information pertaining to the services that SCWOS is obligated to maintain as confidential.

As a condition of my access to SCWOS, I understand that I must sign and comply with this agreement. By signing this document I understand and agree that:

- I will disclose confidential information only if such disclosure complies with DEW policies, and is required for the performance of my job.
- My personal access code(s), user ID(s), access key(s), and password(s) used to access computer systems or other equipment are to be kept confidential at all times.
- I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required to do my job, I will immediately ask my Supervisor for clarification.
- I will not discuss any confidential information pertaining to SCWOS in an area where unauthorized individuals may hear such information (for example, in hallways, on elevators, on public transportation, at restaurants, and at social events) even if specifics such as employer or participant names are not used.
- I will not make inquiries about any SCWOS information for any individual or party who does not have proper authorization

to access such information.

- I will not make any unauthorized transmissions, copies, disclosures, modifications, or purging of information or confidential information. Such unauthorized transmissions include, but are not limited to, removing and/or transferring information or confidential information from SCWOS's computer system to unauthorized locations (e.g. thumb drive, external hard drive, or personal devices)
- I agree that my obligations under this agreement regarding information will continue after the termination of my employment/assignment/affiliation with SCWOS.
- I understand that any confidential information that I access or view through SCWOS does not belong to me.
- I understand that violation of this agreement may result in disciplinary action, up to and including termination of my employment or other affiliation with DEW and/or suspension, restriction or loss of privileges, in accordance with DEW policies, as well as potential personal civil and criminal legal penalties.

Unauthorized access, use, disclosure, modification, and/or destruction of confidential information is prohibited under state and federal laws, including, but not limited to The South Carolina Computer Crime Act, S.C. Code Ann. § 16-16-10 et seq., South Carolina's Employment and Workforce Law, S.C. Code Ann. § 41-29-150 thru -180, and Federal-State Unemployment Compensation (UC) Program; Confidentiality and Disclosure of State UC Information, 20 C.F.R. Part 603

USER Signature

Signature

Print Name

Agency Authorizing Signatory

I, _____, will ensure that the user:

- maintains the confidentiality of the identity of employer, employee, claimant, and/or participant and all related information pursuant to State and Federal regulations, including 20 C.F.R. §603, unless such information has been exempted from non-disclosure for business purposes in accordance with State or Federal law.
- is sufficiently trained relative to non-disclosure and confidentiality regarding applicable workforce programs and that information can only be accessed and utilized according to federal/state laws to conduct official public business.

I have personally advised the user (s)he is not to make copies of confidential documents or to access, allow access to, and/or use any confidential information for personal intent or any purpose other than in performance of his/her official public duties according to federal and state laws. I am approving access for the user because (s)he has been/will be properly trained and understands and acknowledges the confidentiality requirements.

I have instructed the user not to share his/her credentials with anyone and the user should take all necessary steps to protect the confidentiality of those credentials. Upon termination of employment or other affiliation(s) with DEW, I will ensure that the SCWOS Administrator is notified for proper removal of the user's access and credentials from the system.

Agency Authorizing Signature

Signature

Print Name

DO NOT ENTER INFORMATION BELOW THIS LINE!

Date Completed: _____ Initials: _____ Username Created as: _____ Inactive as requested

Notes: