**LAUSD EMPLOYEE**

**INFORMATION RESPONSIBILITY AGREEMENT**

Staff Attendance Dashboards Access Request

# INSTRUCTIONS: Access is limited to Central Office and Local District administrators/managers and their designee(s). If your administrator/manager determines that access to the Staff Attendance Dashboards is necessary for you to perform your job functions, both of you must complete the form below and scan/email to staffattendance@lausd.net or fax it to (213) 241-6778 for review.

(*Please Print*)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAUSD EMPLOYEE #: \_\_\_\_\_\_\_\_\_\_\_\_\_ JOB CLASS CODE: \_\_\_\_\_\_\_TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAUSD EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@lausd.net (*Only LAUSD email addresses accepted.*)

OFFICE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have received the District’s policies regarding the security of District information and data including the LAUSD Responsible Use Policy (Bulletin 999) and the LAUSD Information Protection Policy (Bulletin 1077). I agree to comply with each of the policies and procedures and relevant Federal and State privacy laws, and to maintain safe and secure work habits and to prevent the disclosure of sensitive information including but not limited to student, health care and employee records.

By logging in to Staff Attendance Dashboards, I understand that I have access to confidential personnel records necessary to perform my job functions and agree that:

* I will not take any action that will jeopardize the security of these records,
* I will not discuss with non-authorized personnel any information regarding these records,
* I will not allow these records to be reproduced in any form or viewed by non-authorized personnel,
* I understand that the use of LAUSD computer equipment, software, and information will be restricted to District-approved work only, and that I will be the only one authorized to use the User ID,
* I understand that violation of these policies may result in discipline up to and including termination.

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Employee Signature Date

**Endorsement (to be completed by the requestor’s location administrator only)**

I confirm that the individual above requires access to Staff Attendance Dashboards because it is necessary to perform his/her job functions.

Access level will be determined based on position and work location (for example, a time reporter would be granted to access only to his/her reporting locations).

ADMINISTRATOR/MANAGER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

ADMINISTRATOR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_