

ITD-36E

VDOT Information Security Agreement

I, _____, acknowledge that I have been granted access to the automated systems, including licensed software, hardware, and data of VDOT and the Commonwealth of Virginia (COV).

I further acknowledge that the data contained in and accessed using the information systems and network of VDOT and any other automated system which I use in the course of performing my duties is the property of the Commonwealth of Virginia. This includes all systems and data used, regardless of where the system or data resides, to conduct business with VDOT. Although I have access to data, I shall not read or access information or data that is not needed to perform my duties. I shall not disclose or otherwise make available, in whole or in part, VDOT or COV information and data other than to other employees, consultants or business partners of (VDOT) to whom such disclosure is authorized, except as provided by law. Such disclosure shall be in confidence for purposes specifically related to the business of VDOT and COV.

I agree that logon IDs and passwords are not to be shared. If anyone asks for my password, I shall not provide it; and I agree to report it to my manager and VDOT Information Security Team.

I understand and agree that computer resources and equipment that are the property of VDOT or COV are to be used for official business only, and not for personal use. I understand that VDOT and COV reserve the right to monitor access and disclose at their discretion any activity, data, or files within VDOT and COV systems. Therefore, I should have no expectation of privacy. I also understand it is my responsibility to protect the data and systems from damage or destruction, both tangible and intangible.

I shall take all appropriate action, whether by instruction, agreement or otherwise, to ensure the protection, confidentiality, and security of the information and automated systems. I will report all violations of information security immediately to the VDOT Information Security Team.

I agree that my obligations with respect to the confidentiality and security of all information and data disclosed to me shall survive the termination of this agreement, relationship, or employment with VDOT or COV.

Each provision of this agreement is severable. If any administrative or judicial tribunal should find any provision of this agreement to be unenforceable, all other provisions shall remain in full force and effect.

NOTE: Digital signatures are acceptable as long as the signature validates. If the signature does not validate then we will not be able to accept your forms and you will be asked to resubmit them.

ACKNOWLEDGED:

Name (Print)

Signature

Date

Supervisor or VDOT Business Coordinator

Date

VDOT Approver

Date

