



Civil Rights

Vendor Name

This form is for the assignment of VDOT contractor and consultant employees to business roles in the VDOT Civil Rights and Labor management system. In this system a company may assign the same role to multiple persons or multiple roles to one person. Everyone indicated in the table below will be assigned a unique login identity and secure password that MAY NOT be shared with anyone else. Sharing of accounts and passwords may expose the individual to legal action. The company may revoke or expand these roles at any time with this same form.

Please indicate if this is a new request or a change request: **New** **Change**

Name	Work Phone	Employee's E-mail Address	Position	Prime Contractor Payroll Entry & Sign	Subcontractor Payroll Entry & Sign	Prime Contractor Payment Entry & Sign	Subcontractor Payment Entry, Sign, Verify

Please indicate your company's payroll start day of the week

I acknowledge that I will be granted access to the automated systems, including licensed software, hardware, and data of VDOT and the Commonwealth of Virginia (COV). This includes all systems data used, regardless of where the system 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. I shall take appropriate action, whether by instruction, agreement or otherwise, to ensure the protection, confidentiality, and security of the information and automated systems.

Signature

Please Print Name Here

Date

Each sheet should be signed and dated by the submitting individual. The prime contractor is responsible for providing the form to their subcontractors and the proper submittal of the form. Submit the completed and signed form(s) to: CRLMS@vdot.virginia.gov or fax to 804-371-8040



Depending on your request, you may be required to have a background check performed by VDOT which includes being finger printed. You will be notified if this is required.

Note: Background checks are required for all **RUMS and AWP** requests.

ITD-35E Rev 4-25-12

External User Information

Last Name			First Name			Middle Initial		
Area Code		Phone Number		E-mail Address				
Government/Company Name				Office/Department				
Job Title			User Signature			Date		

User Status

New User Current User Reinstate User Delete access to the application(s) indicated below under Application System

If Current User, Reinstate User, or Delete is checked, list the systems to which you have access and still need access.

Application System

Application name(s) _____

Add Change Delete user access to the application(s) indicated after the following date: _____

For Add or Change describe level of access needed: _____

External User's Supervisor or VDOT Business Coordinator

Last Name			First Name			Middle Initial		
Area Code		Phone Number		E-mail Address				
I agree that I am responsible for notifying my VDOT contact when this individual leaves employment or no longer requires access.								
Job Title			Supervisor/Coordinator Signature			Date		

VDOT Authorizer

Has a background check been done? Yes Needs to be done Not required

Last Name		First Name		Department		Phone Number	
E-mail Address				Signature		Date	

VDOT Central Office Information Technology Division Use Only

ESA Webpage			ESA Login Name					
Date Received		Name		Systems Engineering Member		Date user notified of setup		
Date Received		Name		Security Team Member		Date User Setup in AD		

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.

ACKNOWLEDGED:

Name (Print)

Signature

Date

Supervisor or VDOT Business Coordinator

Date

VDOT Approver

Date