**Annex 2**

**State Wage Interchange System (SWIS)**

**Performance Accountability and Customer Information Agency (PACIA) *or*
State Unemployment Insurance Agency (SUIA)**

***Acknowledgement of Confidentiality Requirements and Restrictions***

In accordance with Section VIII of the SWIS Data Sharing Agreement, which sets out the Responsibilities of the Parties, the names and signatures of everyone who will have access to Wage Data, personally identifiable information (PII) from Education Records, or Personal Information from Vocational Rehabilitation (VR) Records, including PACIA or SUIA employees, contractors, or agents properly authorized by the PACIA or SUIA to use the SWIS Clearinghouse in accordance with the provisions of Sections VI, VIII, and XI of the SWIS Data Sharing Agreement appear below. All authorized PACIA or SUIA employees, contractors, or agents below acknowledge their understanding of:

* the confidential nature of SWIS data, including Wage Data, PII from students’ Education Records, and personal information in the possession of VR agencies received through the SWIS Data Sharing Agreement;
* the standards for the handling of such data as discussed in Sections VI, VIII, and XI of the SWIS Data Sharing Agreement, the SWIS Data Sharing Agreement/FERPA Written Agreement incorporated by reference therein, and any Supplemental FERPA Agreement(s) incorporated by reference therein; and
* their obligation to comply with such standards in carrying out their responsibilities under the SWIS Data Sharing Agreement.

All authorized PACIA or SUIA employees, contractors, or agents listed below attest that they:

* have been provided a copy of the SWIS Data Sharing Agreement, the SWIS Data Sharing Agreement/FERPA Written Agreement, and any Supplemental FERPA Agreement(s) incorporated by reference into the SWIS Data Sharing Agreement;
* have reviewed the SWIS Data Sharing Agreement and the other agreements incorporated therein; and
* agree to comply with the applicable standards contained in the SWIS Data Sharing Agreement, and the other agreements incorporated therein, in carrying out their SWIS-related duties.

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| **Mailing address.** Please mail the signed Acknowledgement of Confidentiality document to the current ETA SWIS support contractor, CDS2: Command Decisions Systems & Solutions, Inc.Attn.: SWIS8761 Dorchester Road, Suite 200North Charleston, SC 29420(Fax: 843.552.8028)**In addition to the mailed original, a copy of the signed Acknowledgement document may be e-mailed to:** **SWIS@dol.gov** **and** **SWIS@cds2.com****.** |

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| **State:** |  |
| **SUIA or PACIA Agency:**  |  |
| **SUIA or PACIA Contact Name:**  |  |
| **Title:**  |  |
| **Agency/Organization:**  |  |
| ***Signature of SUIA or PACIA Contact:***  |  |
| **Date:** |  |
| **Mailing Address:**  |  |
| **Telephone:** |  |
| **Email Address:**  |  |

***Please note: Signatures of Employees, contractors, or agents begin on next page.***

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| ***Employee Signature:***  |  |
| **Date signed:** |  |
| **Employee Name (*Please print*):** |  |
| **Employee’s Title:** |  |
| **Employee’s Business Unit:** |  |
| **Employee’s Supervisor:** |  |
| **Title and Business Unit of Supervisor:** |  |
| **Email of Supervisor:** |  |
| **Phone Number of Supervisor:** |  |
| **Is the Employee a staff member of the State SUIA?**  | \_\_Yes\_\_No |
| **or a State PACIA?**  | \_\_Yes\_\_No |
| **Is the individual an employee of the State, a contractor, or agent?** | \_\_State\_\_Contractor\_\_Agent |
| **Employee’s work location including State agency, agent or contractor name, building number, street and city:*****(Agency Name)******(Building or floor or suite #)******(Street)******(City), (State) (Zip)*** |  |
| **Employee Phone Number:** |  |
| **Employee Email Address:** |  |
| **Does the employee require ETA-approved individual credentials to access the password-protected SWIS Clearinghouse PACIA portal?**  | \_\_Yes\_\_No |

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| ***Employee Signature:***  |  |
| **Date signed:** |  |
| **Employee Name (*Please print*):** |  |
| **Employee’s Title:** |  |
| **Employee’s Business Unit:** |  |
| **Employee’s Supervisor:** |  |
| **Title and Business Unit of Supervisor:** |  |
| **Email of Supervisor:** |  |
| **Phone Number of Supervisor:** |  |
| **Is the Employee a staff member of the State SUIA?**  | \_\_Yes\_\_No |
| **or a State PACIA?**  | \_\_Yes\_\_No |
| **Is the individual an employee of the State, a contractor, or agent?** | \_\_State\_\_Contractor\_\_Agent |
| **Employee’s work location including State agency, agent or contractor name, building number, street and city:*****(Agency Name)******(Building or floor or suite #)******(Street)******(City), (State) (Zip)*** |  |
| **Employee Phone Number:** |  |
| **Employee Email Address:** |  |
| **Does the employee require ETA-approved individual credentials to access the password-protected SWIS Clearinghouse PACIA portal?**  | \_\_Yes\_\_No |

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| ***Employee Signature:***  |  |
| **Date signed:** |  |
| **Employee Name (*Please print*):** |  |
| **Employee’s Title:** |  |
| **Employee’s Business Unit:** |  |
| **Employee’s Supervisor:** |  |
| **Title and Business Unit of Supervisor:** |  |
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| **Employee Email Address:** |  |
| **Does the employee require ETA-approved individual credentials to access the password-protected SWIS Clearinghouse PACIA portal?**  | \_\_Yes\_\_No |

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| ***Employee Signature:***  |  |
| **Date signed:** |  |
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| **Employee’s Title:** |  |
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| **Employee Phone Number:** |  |
| **Employee Email Address:** |  |
| **Does the employee require ETA-approved individual credentials to access the password-protected SWIS Clearinghouse PACIA portal?**  | \_\_Yes\_\_No |

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| **Employee’s work location including State agency, agent or contractor name, building number, street and city:*****(Agency Name)******(Building or floor or suite #)******(Street)******(City), (State) (Zip)*** |  |
| **Employee Phone Number:** |  |
| **Employee Email Address:** |  |
| **Does the employee require ETA-approved individual credentials to access the password-protected SWIS Clearinghouse PACIA portal?**  | \_\_Yes\_\_No |

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| ***Employee Signature:***  |  |
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| **Employee Email Address:** |  |
| **Does the employee require ETA-approved individual credentials to access the password-protected SWIS Clearinghouse PACIA portal?**  | \_\_Yes\_\_No |

***(Please print as many Acknowledgements as needed. Thank you.)***