

INFORMATION SECURITY ACKNOWLEDGEMENT

ISO-004 (Rev. 02/2016)

INFORMATION SECURITY OFFICE

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Section 1 — Instructions

1. All applicable fields must be completed before submission to your Division Chief or appropriate designee.
2. Completed forms are to be maintained at the Division level in a centralized location and organized alphabetically based on last name and year signed.
3. This form must be completed immediately upon accepting employment at the State Controller's Office and at least once annually thereafter.
4. This form has a minimum record retention period of five years.

Section 2 — Acknowledgement

By signing below:

1. I acknowledge that I am to hold State Controller's Office (SCO) information in confidence and trust.
2. I acknowledge that while performing my official duties I may have access to confidential information that directly relates to an individual such as Name, Social Security Number (SSN), financial account number, home address, and protected health information that is collected, created, maintained, or used within the SCO.
3. I acknowledge that I shall use and access SCO information and resources only for SCO authorized purposes.
4. I acknowledge that I will take all reasonable precautions to ensure that SCO's confidential and sensitive information is not disclosed to unauthorized persons or that SCO's information is not used in an unauthorized manner.
5. I acknowledge that I will dispose of, or cleanse, confidential or sensitive information utilizing SCO Information Security Office approved methods. I will not dispose of such information in wastebaskets or recycle bins. I will ensure that confidential or sensitive information is cleansed from SCO resources prior to disposal or reuse.
6. I acknowledge that I will immediately notify the SCO Information Security Office of any suspected or actual information security incidents or violation(s) of SCO Information Security Program Standards.
7. I acknowledge that I will comply with SCO Information Security Program Standards, which are available on COIN under "Information Security."
8. I understand that any activity involving the use of an SCO resource may be logged and/or monitored, and that access to, or use of, any SCO resource by any person whether authorized or unauthorized constitutes consent to these terms.
9. I understand that any unauthorized or illegal use of SCO information resources, including SCO information, may result in access termination, disciplinary or civil action, and/or criminal prosecution.
10. I understand that any unauthorized or illegal use of Internal Revenue Service (IRS) confidential information is punishable as set forth in Internal Revenue Code (IRC) Sections 7213 and 7431.

Has the employee received a SmartPhone or cell phone from SCO, please check here: ☐

The following is applicable to employees that have received a SCO SmartPhone / cell phone:

11. I acknowledge that I have read and will comply with and adhere to the terms of the SCO SmartPhone Acceptable Use Expectations and Guidelines.

Section 3 — Employee Information

Employee Name (First M.I. Last)

Work Phone

Title

Work Email Address

Section 4 — Employee Signature

Employee Signature

Date