

**WORKFORCE DEVELOPMENT PROGRAM
JOINT ACCESS
ON-LINE COMPUTER TERMINAL AND INFORMATION
USAGE AGREEMENT**

Print Last Name, First, Middle Initial

Social Security Number

Job Title

Organization/Agency Name

Organization/Agency Address

I understand that, under current law, the organization identified above has been designated a private contracting party that is assisting the **Georgia Department of Labor (GDOL)** in the operation and management of certain departmental functions, and as such, is qualified to assist **GDOL** to increase Department efficiency or quality of service to the public. **O.C.G.A. Code Section 34-8-127** permits **GDOL** to share private and confidential information about employers and employees under such circumstances, but solely for the purpose of assisting the **GDOL**.

I have read the **JOINT ACCESS PROCEDURES FOR ON-LINE COMPUTER TERMINAL USAGE** of the **Georgia Department of Labor**, I have discussed any questions regarding the information with my supervisor or a representative from the **GDOL** and I understand the information contained therein.

I further agree to adhere to the established policies, procedures, rules, regulations and laws of the **GDOL** with regards to the handling of private and confidential information.

I acknowledge and agree that any misuse or unauthorized use or release of this information by me which is obtained from or learned as a result of my access to the information shall subject me or the organization to the civil penalty of \$500.00 per violation and civil and criminal liability or prosecution under the provisions of **O.C.G.A. Code Section 34-8-125 and 127**.

I acknowledge and agree that computer access to **Georgia Department of Labor** information, data, files, documents, records, reports or computer printouts by me is subject to the provisions of **O.C.G.A. Code Section 16-9-91 through 94 et seq.** and I shall be subject to prosecution for computer related crimes for unauthorized use or misuse of **Georgia Department of Labor** information which may result in my conviction for the crime of computer theft, computer trespass, computer invasion of privacy, or computer forgery carrying a fine of not more than \$50,000.00 or imprisonment for not more than 15 years, or both. I further acknowledge and agree that I may be subject to conviction of the crime of computer password disclosure carrying a fine of not more than \$5,000.00 or incarceration for a period not to exceed one year, or both.

Signature

Date

Witness

Date

Please send this form along with the DOL-988A.