

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

20-243

SAP Number

### District Attorney

Department Contract Representative Telephone Number Claudia Walker (909) 382-7689

Contractor Employment Development Department
Contractor Representative Cory Buttler
Telephone Number (916) 654-7549
Contract Term 5/1/2020 - 4/30/2023
Original Contract Amount \$8,676.00
Amendment Amount \$0.00
Total Contract Amount \$8,676.00
Cost Center 4505001000

#### Briefly describe the general nature of the contract:

This Standard Agreement is to allow access to confidential information with the State of California Employment Development Department.

#### FOR COUNTY USE ONLY

Approved as to Legal Form

[Signature]
Katherine Hardy, Deputy County Counsel
Date 4-27-20

Reviewed for Contract Compliance

[Signature]
Date

Reviewed/Approved by Department

[Signature]
Jason Anderson, District Attorney
Date 5/12/2020

**STANDARD AGREEMENT**

STD 213 (Rev. 03/2019)

AGREEMENT NUMBER

0000000113

PURCHASING AUTHORITY NUMBER (If Applicable)

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

San Bernardino County District Attorney's Office

CONTRACTOR NAME

Employment Development Department

2. The term of this Agreement is:

START DATE

May 1, 2020 or upon final approval

THROUGH END DATE

April 30, 2023

3. The maximum amount of this Agreement is:

\$8,676.00 Eight Thousand Six Hundred Seventy-Six Dollars and No Cents

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

EXHIBITS	TITLE	PAGES
Exhibit A	Scope of Work	2
Attachment A-1	Specifications	4
Exhibit B	Budget Detail and Payment Provisions	2
Exhibit C *	General Terms and Conditions	GTC 04/2017
Exhibit D	Protection of Confidentiality	3
Attachment D-1	Confidentiality Agreement	1
Attachment D-2	Indemnity Agreement	1
Attachment D-3	Statement of Responsibility	1

*Items shown with an asterisk (\*), are hereby incorporated by reference and made part of this agreement as if attached hereto.*

*These documents can be viewed at <https://www.dgs.ca.gov/OLS/Resources>*

**IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.**

**CONTRACTOR**

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

San Bernardino County District Attorney's Office

CONTRACTOR BUSINESS ADDRESS

303 W. 3rd Street, 6th Floor

CITY

San Bernardino

STATE

CA

ZIP

92415

PRINTED NAME OF PERSON SIGNING

Jason Anderson

TITLE

District Attorney

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

**STANDARD AGREEMENT**

STD 213 (Rev. 03/2019)

AGREEMENT NUMBER

0000000113

PURCHASING AUTHORITY NUMBER (If Applicable)

**STATE OF CALIFORNIA**

CONTRACTING AGENCY NAME

Employment Development Department

CONTRACTING AGENCY ADDRESS

722 Capitol Mall, 62-C

CITY

Sacramento

STATE

CA

ZIP

95814

PRINTED NAME OF PERSON SIGNING

Sheri L. Collins

TITLE

Manager, Contract Services Group

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

**EXHIBIT A**  
*(Standard Agreement)*

This Agreement is entered into by and between the Employment Development Department, hereinafter referred to as the EDD, and the San Bernardino County District Attorney's Office, hereinafter referred to as the SBCDA. It sets forth the terms and conditions for the release and use of the EDD's confidential information.

**SCOPE OF WORK**

**I. Purpose**

The EDD agrees to provide confidential Employer and Client Address information to the SBCDA. The SBCDA agrees to use the EDD confidential information for locating victims, suspects, missing persons, potential witnesses, or persons for whom a felony arrest warrant has been issued, when the information is requested in the course of, and as a part of an investigation into the commission of a crime when there is a reasonable suspicion that the crime is a felony and that the information would lead to relevant evidence.

**II. Legal Authority**

The EDD shall make this information available to the SBCDA pursuant to section 1095(i) of the Unemployment Insurance Code (UIC).

The SBCDA shall request and use the specified information in accordance with section 1095(i) of the UIC and section 830.1 of the California Penal Code.

**III. Agreement Representatives**

1. The EDD's contact persons are:

**AGREEMENT NEGOTIATIONS, CONFIDENTIALITY, AND TECHNICAL ASSISTANCE**

Ivory Mitchell or Designee  
Employment Development Department  
Information Security Office, MIC 33  
P.O. Box 826880  
Sacramento, CA 94280-0001

Phone:

E-mail: [Ivory.Mitchell@edd.ca.gov](mailto:Ivory.Mitchell@edd.ca.gov)

cc: [ISOPrivacyDisclosureUnit@edd.ca.gov](mailto:ISOPrivacyDisclosureUnit@edd.ca.gov)

**FISCAL**

Erlinda Matienzo or Designee  
Employment Development Department  
Accounts Receivable Unit, MIC 70  
P.O. Box 826880  
Sacramento, CA 94280-0001

Phone: (916) 654-9210

E-mail: [Erlinda.Matienzo@edd.ca.gov](mailto:Erlinda.Matienzo@edd.ca.gov)

**EXHIBIT A**  
*(Standard Agreement)*

2. The SBCDA contact persons are:

**AGREEMENT NEGOTIATIONS AND ADMINISTRATION**

Claudia Walker or Designee  
Chief, Bureau of Administration  
San Bernardino County District Attorney's Office  
303 W. 3<sup>rd</sup> Street, 6<sup>th</sup> Floor  
San Bernardino, CA 92415  
Phone: (909) 382-7689  
E-mail: [cwalker@sbcda.org](mailto:cwalker@sbcda.org)

**FISCAL MATTERS**

Karen White or Designee  
Supervisor, Bureau of Administration  
San Bernardino County District Attorney's Office  
303 W. 3rd Street, 6th Floor  
San Bernardino, CA 92415  
Phone: (909) 382-3674  
E-mail: [kwhite@sbcda.org](mailto:kwhite@sbcda.org)

**CONFIDENTIALITY AND DATA SECURITY ASSIGNMENTS**

Data Security and Integrity:

Steven Arias

Internal distribution of the EDD products:

Eric Bremner

3. Either party may make changes to the Agreement Representatives information above by giving written notice to the other party. Said changes shall not require an amendment to this Agreement.

**ATTACHMENT A-1**  
*(Standard Agreement)*

**SPECIFICATIONS**

**I. METHODOLOGY: DEPARTMENT OF TECHNOLOGY SERVICES SECURE FILE TRANSFER**

1. The SBCDA submits a request for LE 1095(i) Locator Reports under Customer Codes E00526 following the EDD specifications through the Secure File Transfer (SFT) service hosted by the California Department of Technology Services (CDT) for the purpose of investigating felony victims, suspects, missing persons, potential witnesses, or persons for whom a felony arrest warrant has been issued.
2. The EDD retrieves and processes the Social Security Numbers (SSNs) submitted by the SBCDA.
3. On matching records the EDD produces the data files authorized under this agreement under Customer Code E00526 and submits the data files to the attention of the SBCDA through the SFT system.
4. The SBCDA retrieves the output data files from the SFT system within twenty (20) days of transfer.
5. On a quarterly basis the EDD invoices the SBCDA for all SSN transactions submitted and the cost of the SFT account.

**II. RESPONSIBILITIES**

**1. The EDD agrees to:**

- a. Set up a Basic User Account and password under Customer Code E00526 for the SBCDA to access the CDT SFT system.
- b. Assign copies of the CDT SFT Basic User Manual and the EDD Abstract System Customer Instruction Packet to the SBCDA to assist the SBCDA in the implementation of the SFT process.
- c. Provide User Account administration to reset password, unlock user account, and/or modify user account. To request User Account support submit an email message to:

**Ivory.Mitchell@edd.ca.gov**

**cc: ISOPrivacyDisclosureUnit@edd.ca.gov**

- d. Retrieve the SBCDA input file from the SFT temporary file storage repository on a daily basis and run the input file against the EDD databases.
- e. Provide the SBCDA the following Abstract data files for those individuals whose submitted social security numbers match the EDD records:
  - (1) LE 1095(i) Locator Report
- f. Transfer the response data file to the SBCDA, through the SFT system under the output DSN:  
**LE 1095(i) Locator Report: em\_abs\_abs251\_sfrpts\_abs00526**
- g. Retain the output data file for a period of twenty (20) calendar days in the SFT temporary file repository. On the 21<sup>st</sup> day, the data file is automatically deleted.
- h. Invoice the SBCDA on a quarterly basis for all SSN transactions submitted and SFT account cost.

**ATTACHMENT A-1**  
*(Standard Agreement)*

- i. Monitor and assess status of the data to ensure that the terms, conditions, and disclosure constraints stipulated in this Agreement are followed. This compliance review is part of the EDD contract monitoring process.

**2. The SBCDA agrees to:**

- a. Request only the EDD information specifically authorized under this Agreement.
- b. Establish a new password at first logon to the Basic User Account established under Customer Code E00526 for the SBCDA to access the CDT SFT system.
- c. Follow the following SFT Password Policy syntactical requirements:
  - The password must contain at least 8 characters.
  - At least one of the characters must be a number.
  - At least one of the characters must be a symbol (for example: !@#\$\$%).
  - At least one of the characters must be an uppercase alpha character.
- d. Change the Basic User Account password on or before 90 days, after which the account will be locked. A limit of five attempts to enter the password is allowed after which the account will be locked. To request User Account support submit an email message to:

**Ivory.Mitchell@edd.ca.gov**

**cc: ISOPrivacyDisclosureUnit@edd.ca.gov**

- e. Create the request for LE 1095(i) Locator Reports, following the EDD specifications, for felony victims, suspects, missing persons, potential witnesses, or persons for whom a felony arrest warrant has been issued.
- f. Request the file(s) authorized in this Agreement on an as needed basis during the period specified herein. The number of requests (SSNs) shall not exceed one million (1,000,000) SSNs on any daily cycle. Requests exceeding one million (1,000,000) SSNs will process the first one million (1,000,000) SSNs only. SSNs in excess of one million (1,000,000) will be discarded and the SBCDA will need to resubmit in a future cycle.
- g. Upload the request file into the SFT temporary file storage repository, on an as needed basis, under the input DSN:

**em\_abs\_abs010\_absreq\_abs00526**

- h. Retrieve the response data file from the SFT temporary file storage repository within twenty (20) calendar days from submission. On the 21<sup>st</sup> day, the data file is automatically deleted.
- i. Delete the retrieved response data file from the SFT temporary file storage repository before submitting a new request.
- j. Use the EDD information to assist in the investigations of felonies or suspected felonies.
- k. Comply with the UIC on any matters pertaining to the access, use, and/or release of data under this Agreement. Failure to comply with this provision shall be deemed a breach of this Agreement and shall be grounds for cancellation of this Agreement.
- l. Oversee the SBCDA staff in their use of confidential information received from the EDD.

**ATTACHMENT A-1**  
*(Standard Agreement)*

- m. Instruct all the SBCDA staff with access to the information provided by the EDD under this Agreement regarding the: (1) the confidential nature of the information; (2) the requirements of this Agreement; (3) the need to adhere to the security and confidentiality provisions outlined in Exhibit D – Protection of Confidentiality Provisions; and (4) the sanctions and penalties against unauthorized use or disclosure found in sections 1094 and 2111 of the UIC, section 1798.55 of the California Civil Code, and section 502 of the California Penal Code.
- n. Ensure that all SBCDA staff assigned to work with the information provided by the EDD have signed the EDD Confidentiality Statement (Attachment D-1. Rev 072017).
- o. Comply with section 603.9, Title 20 of the Code of Federal Regulations Section with respect to any of the EDD confidential information.
- p. Use the information provided by the EDD only as specifically authorized under this Agreement. Section 1095(u) of the UIC prohibits a private collection agency from using any EDD information the SBCDA obtains under this Agreement. Therefore, nothing in this Agreement shall be construed to authorize or permit a private collection agency to use the EDD information for any purpose. Violation of this paragraph will be a basis for terminating the Agreement.
- q. Dispose of the EDD's confidential information using an approved method of confidential destruction.
- r. Not release the EDD's confidential information to any other public or private entity without the EDD's prior written consent.
- s. Cooperate with the EDD's authority to monitor this Agreement in accordance with Exhibit D, Section II, paragraphs (e) and (f).
- t. **Pursuant to 20 C.F.R., Part 603.10(c)(1), if the SBCDA fails to comply with any provision of this Agreement, *including timely payment of the EDD's costs under this Agreement*, this Agreement shall be suspended and no further disclosures will be made until the EDD is satisfied that corrective action has been taken and there will be no further breach. In the absence of prompt and satisfactory corrective action, this Agreement will be cancelled, and the SBCDA shall surrender to the EDD all confidential information obtained under this Agreement which has not been previously returned to the EDD, and any other information relevant to the Agreement.**

**3. Joint Responsibilities. Both parties agree to:**

- a. Designate staff to have primary responsibility for program liaison, coordination of activities, and to meet, when necessary, to further redefine specific program procedures.
- b. Not disclose any of the EDD or the SBCDA information to any person or agency other than those authorized specifically under this Agreement.
- c. Cooperate fully and furnish such assistance as may be mutually agreed upon by the parties hereto as being necessary and appropriate for proper performance of this Agreement.

**4. Disputes:**

Any dispute concerning a question of fact arising under the term of this Agreement which is not disposed of within a reasonable period of time (ten days) by the Contractor and State employees normally responsible for the administration of this contract shall be brought to the attention of the Chief Executive Officer (or designated representative) of each organization for joint resolution.

**ATTACHMENT A-1**  
*(Standard Agreement)*

**III. ACCURACY ASSESSMENT**

Individual employers and claimants report the information in the EDD's files. Since the EDD is not the originator of the information disclosed, the EDD cannot guarantee the accuracy of the information.

**IV. TERMINATION CLAUSE**

This Agreement may be terminated by either party by giving written notice 30 days prior to the effective date of such termination.

**EXHIBIT B**  
*(Standard Agreement)*

**I. BUDGET DETAILS AND PAYMENT PROVISIONS**

- a. The maximum amount of this Agreement shall not exceed Eight Thousand Six Hundred Seventy-Six Dollars and No Cents (\$8,676.00).
- b. In consideration of the performance and completion of the foregoing in a satisfactory manner, and upon receipt of a detailed invoice, in triplicate, quarterly in arrears, the SBCDA shall reimburse EDD the total amount due, based on the following product rate structure:
  - \$16.00 per month SFT Account Fee
  - A \$1,500.00 Administrative Fee. The administrative costs for contracting include the costs for development, processing, and maintenance of an Agreement, which averages \$1,500 per Agreement. For a three year Agreement, the administrative fee will be charged at a rate of \$125 per quarter. These costs are computed in accordance with Sections 8752 and 8752.1 of the State Administrative Manual; and
  - \$2.00 per SSN for each LE 1095(i) Locator Report requested.
- c. The SBCDA shall be charged for the total number of products requested. Each SSN submitted will generate 1 LE 1095(i) Locator Report.
- d. The maximum amount of this Agreement has been computed based on an estimated 275 SSNs per quarter, as follows:

<b>EDD ABSTRACT</b>	<b>FORMULA</b>	<b>COST</b>
LE 1095(i) Locator report	275 x 2.00 x 12Q	\$6,600.00
Administrative Fees		\$1,500.00
SFT Account Fee	16.00 x 12 Months x 3 yrs	\$576.00
<b>Total for 3-year contract</b>		<b>\$8,676.00</b>

- e. The EDD invoices will reference the EDD Agreement No. 0000000113 and the EDD Customer Code: **E00526**; and shall be submitted for payment to:

Karen White, Administrative Supervisor or designee  
San Bernardino County District Attorney's Office  
303 W. 3<sup>rd</sup> Street, 6<sup>th</sup> Floor  
San Bernardino, CA 92415

- f. The SBCDA payment must reference the EDD Invoice Number, the EDD Agreement No. 0000000113, and the EDD Customer Code: **E00526**; and be submitted to:

Employment Development Department  
Accounting Section, MIC 70  
P.O. Box 826217  
Sacramento, CA 94230-6217

**EXHIBIT B**  
*(Standard Agreement)*

- g. Payment will be made in accordance with, and within the time specified in, Title 1, Division 3.6, Part 3, Chapter 4.5 of the Government Code.
- h. Nothing herein contained shall preclude advance payments, pursuant to Article 1, Chapter 3, Part 1, Division 3, Title 2 of the Government Code of the State of California.

**EXHIBIT D**  
*(Standard Agreement)*

**PROTECTION OF CONFIDENTIALITY**

Federal and state confidentiality laws, regulations, and administrative policies classify all the Employment Development Department (EDD) information provided under this Agreement as confidential. The federal and state laws prohibit disclosure of the EDD's confidential information to the public and mandate its protection against loss and against unauthorized access, use, disclosure, modification, or destruction.

The SBCDA must therefore, agree to the following security and confidentiality requirements:

**I. ADMINISTRATIVE SAFEGUARDS**

- a. Adopt policies and procedures to ensure use of the EDD's confidential information solely for purposes specifically authorized under this Agreement that meet the requirements of section §603.10, Title 20 of the Code of Federal Regulations.
- b. Warrant by execution of this Agreement, that no person or selling agency has been employed or retained to solicit or secure this Agreement upon agreement or understanding for a commission, percentage, brokerage, or contingent fee. In the event of a breach or violation of this warranty, the EDD shall have the right to annul this Agreement without liability, in addition to other remedies provided by law.
- c. Warrant and certify that in the performance of this Agreement the SBCDA will comply with all applicable statutes, rules and/or regulations, and Agreement information security requirements, including but not limited to the following:
  - **California Unemployment Insurance Code §1094** (Disclosure Prohibitions)
  - **Title 20, Code of Federal Regulations §603.9 and §603.10** (Federal Unemployment Compensation Safeguards and Security Requirements)
  - **California Civil Code §1798, et seq.** (Information Practices Act)
  - **California Penal Code §502** (Computer Fraud Act )
  - **Title 5, U.S. Code §552a** (Federal Privacy Act Disclosure Restrictions)
  - **Title 42, U.S. Code §503** (Social Security Act)
  - **Title 18, U.S. Code §1905** (Disclosure of Confidential Information)
- d. Except for state agencies, agree to indemnify the EDD against any loss, cost, damage or liability resulting from violations of these applicable statutes, rules and/or regulations, and Agreement information security requirements.
- e. Protect the EDD's information against unauthorized access, at all times, in all forms of media. Access and use the information obtained under this Agreement only to the extent necessary to assist in the valid administrative needs of the program receiving such information, and only for the purposes defined in this Agreement.
- f. Keep all the EDD's confidential information completely confidential. Make this information available to authorized personnel on a "need-to-know" basis and only for the purposes authorized under this Agreement. "Need-to-know" refers to those authorized personnel who need information to perform their official duties in connection with the use of the information authorized by this Agreement.

**EXHIBIT D**  
*(Standard Agreement)*

- g. Notify the EDD Information Security Office (ISO) at (916) 654-6231, immediately upon discovery, that there may have been a breach in security which has or may have resulted in compromise to the confidential information. For purposes of this section, immediately is defined within 24 hours of discovery of the breach. The notification shall be by phone and email. **It is not sufficient to simply leave a message.** The notification must include a detailed description of the incident (such as time, date, location, and circumstances) and identify responsible personnel (name, title and contact information). The verbal notification shall be followed with an email notification to <InformationSecurityOffice@edd.ca.gov>.

**II. MANAGEMENT SAFEGUARDS**

- a. Acknowledge that the confidential information obtained by the SBCDA under this Agreement remains the property of the EDD.
- b. Instruct all personnel assigned to work with the information provided under this Agreement regarding the following:
- Confidential nature of the EDD information.
  - Requirements of this Agreement.
  - Sanctions specified in federal and state unemployment compensation laws and any other relevant statutes against unauthorized disclosure of confidential information provided by the EDD.
- c. Require that all personnel assigned to work with the information provided by the EDD complete the EDD Confidentiality Agreement (Attachment D-1):
- d. Return the following completed documents to the EDD Contract Services Group:
- The EDD Indemnity Agreement (Attachment D-2): Required to be completed by the SBCDA Chief Financial Officer or authorized Management Representative, unless SBCDA is a State Agency.
  - The EDD Statement of Responsibility Information Security Certification (Attachment D-3): Required to be completed by the Information Security Officer or authorized Management Representative.
- e. Permit the EDD to make on-site inspections to ensure that the terms of this Agreement are being met. Make available to the EDD staff, on request and during on-site reviews, copies of the EDD Confidentiality Agreement (Attachment D-1) completed by personnel assigned to work with the EDD's confidential information, and hereby made a part of this Agreement.
- f. Maintain a system of records sufficient to allow an audit of compliance with the requirements under subsection (d) of this part. Permit the EDD to make on-site inspections to ensure that the requirements of federal and state privacy, confidentiality and unemployment compensation statutes and regulations are being met including but not limited to §1137(a)(5)(B) of the Social Security Act.

**III. USAGE, DUPLICATION, AND REDISCLOSURE SAFEGUARDS**

- a. Use the EDD's confidential information only for purposes specifically authorized under this Agreement. The information is not admissible as evidence in any action or special proceeding except as provided under section §1094(b) of the UIC. Section 1095(u) of the UIC does not authorize the use of the EDD's confidential information by any private collection agency.
- b. Extraction or use of the EDD information for any purpose outside the purposes stated in this Agreement is strictly prohibited. The information obtained under this Agreement shall not be reproduced, published, sold, or released in original or any other form not specifically authorized under this Agreement.

**EXHIBIT D**  
*(Standard Agreement)*

- c. Disclosure of any of the EDD information to any person or entity not specifically authorized in this Agreement is strictly prohibited. Personnel assigned to work with the EDD's confidential information shall not reveal or divulge to any person or entity any of the confidential information provided under this Agreement except as authorized or required by law.

**IV. PHYSICAL SAFEGUARDS**

- a. Take precautions to ensure that only authorized personnel are given access to physical, electronic and on-line files. Store electronic and hard copy information in a place physically secure from access by unauthorized persons. Process and store information in electronic format, such as magnetic tapes or discs, in such a way that unauthorized persons cannot retrieve the information by means of computer, remote terminal, or other means.
- b. Secure and maintain any computer systems (network, hardware, and software applications) that will be used in the performance of this Agreement. This includes ensuring that all security patches, upgrades, and anti-virus updates are applied as appropriate to secure data that may be used, transmitted, or stored on such systems in the performance of this Agreement.
- c. Store all the EDD's confidential documents in a physically secure manner at all times to prevent unauthorized access.
- d. Store the EDD's confidential electronic records in a secure central computer facility. Where in-use on a shared computer system or any shared data storage system, ensure appropriate information security protections are in place. The SBCDA shall ensure that appropriate security access controls, storage protections and use restrictions are in place to keep the confidential information in the strictest confidence and shall make the information available to its own personnel on a "need-to-know" basis only.
- e. Store the EDD's confidential data in encrypted format when recorded on removable electronic storage media, or on mobile computing devices, such as a laptop computer.
- f. Maintain an audit trail and record data access of authorized users and authorization level of access granted to the EDD's data, based on job function.
- g. Direct all personnel permitted to use the EDD's data to avoid leaving the data displayed on their computer screens where unauthorized users may view it. Personnel should retrieve computer printouts as soon as they are generated so that the EDD's data is not left unattended in printers where unauthorized personnel may access them.
- h. Dispose of confidential information obtained from the EDD, and any copies thereof made by the SBCDA, after the purpose for which the confidential information is disclosed is served. Disposal means return of the confidential information to the EDD or destruction of the information utilizing an approved method of confidential destruction, which includes electronic deletion (following Department of Defense specifications) shredding, burning, or certified or witnessed destruction.

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

Information resources maintained by the State of California Employment Development Department (EDD) and provided to your agency may be confidential or sensitive. Confidential and sensitive information are not open to the public and require special precautions to protect it from wrongful access, use, disclosure, modification, and destruction. The EDD strictly enforces information security. If you violate these provisions, you may be subject to administrative, civil, and/or criminal action.

ROLAND ACEVEDO

PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office

PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 803, and Title 18 USC §1905.

RA  
INITIAL

acknowledge that my supervisor and/or the Contract's Confidentiality and Data Security Monitor reviewed with me the confidentiality and security requirements, policies, and administrative processes of my organization and of the EDD.

RA  
INITIAL

acknowledge responsibility for knowing the classification of the EDD information I work with and agree to refer questions about the classification of the EDD information (public, sensitive, confidential) to the person the Contract assigns responsibility for the security and confidentiality of the EDD's data.

RA  
INITIAL

acknowledge responsibility for knowing the privacy, confidentiality, and data security laws that apply to the EDD information I have been granted access to by my employer, including UIC §§1094 and 2111, California Government Code § 15619, CC § 1798.53, and PC § 502.

RA  
INITIAL

acknowledge that wrongful access, use, modification, or disclosure of confidential information may be punishable as a crime and/or result in disciplinary and/or civil action taken against me—including but not limited to: reprimand, suspension without pay, salary reduction, demotion, or dismissal—and/or fines and penalties resulting from criminal prosecution or civil lawsuits, and/or termination of contract.

RA  
INITIAL

acknowledge that wrongful access, inspection, use, or disclosure of confidential information for personal gain, curiosity, or any non-business related reason is a crime under state and federal laws.

RA  
INITIAL

acknowledge that wrongful access, use, modification, or disclosure of confidential information is grounds for immediate termination of my organization's Contract with the EDD.

RA  
INITIAL

agree to protect the following types of the EDD confidential and sensitive information:

- Wage Information
- Employer Information
- Claimant Information
- Tax Payer Information
- Applicant Information
- Proprietary Information
- Operational Information (manuals, guidelines, procedures)

RA  
INITIAL

hereby agree to protect the EDD's information on either paper or electronic form by:

- Accessing or using the EDD supplied information only as specified in the Contract for the performance of the specific work I am assigned.
- Never accessing information for curiosity or personal reasons.
- Never showing or discussing sensitive or confidential information to or with anyone who does not have the need to know.
- Placing sensitive or confidential information only in approved locations.
- Never removing sensitive or confidential information from the work site without authorization.
- Following encryption requirements for all personal, sensitive, or confidential information in any portable device or media.

**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

ACEVEDO, ROLAND C.

Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency

Roland Acevedo *RAV*

Signature

04/27/2020

Date Signed

Check the appropriate box:

- Employee                       Student  
 Subcontractor                 Volunteer  
 Other

Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

Information resources maintained by the State of California Employment Development Department (EDD) and provided to your agency may be confidential or sensitive. Confidential and sensitive information are not open to the public and require special precautions to protect it from wrongful access, use, disclosure, modification, and destruction. The EDD strictly enforces information security. If you violate these provisions, you may be subject to administrative, civil, and/or criminal action.

MARK ANDERSON an employee of San Bernardino County District Attorney's Office  
PRINT YOUR NAME PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 803, and Title 18 USC §1905.

- MA acknowledge that my supervisor and/or the Contract's Confidentiality and Data Security Monitor reviewed with me the confidentiality and security requirements, policies, and administrative processes of my organization and of the EDD.  
INITIAL
- MA acknowledge responsibility for knowing the classification of the EDD information I work with and agree to refer questions about the classification of the EDD information (public, sensitive, confidential) to the person the Contract assigns responsibility for the security and confidentiality of the EDD's data.  
INITIAL
- MA acknowledge responsibility for knowing the privacy, confidentiality, and data security laws that apply to the EDD information I have been granted access to by my employer, including UIC §§1094 and 2111, California Government Code § 15619, CC § 1798.53, and PC § 502.  
INITIAL
- MA acknowledge that wrongful access, use, modification, or disclosure of confidential information may be punishable as a crime and/or result in disciplinary and/or civil action taken against me—including but not limited to: reprimand, suspension without pay, salary reduction, demotion, or dismissal—and/or fines and penalties resulting from criminal prosecution or civil lawsuits, and/or termination of contract.  
INITIAL
- MA acknowledge that wrongful access, inspection, use, or disclosure of confidential information for personal gain, curiosity, or any non-business related reason is a crime under state and federal laws.  
INITIAL
- MA acknowledge that wrongful access, use, modification, or disclosure of confidential information is grounds for immediate termination of my organization's Contract with the EDD.  
INITIAL
- MA agree to protect the following types of the EDD confidential and sensitive information:  
INITIAL
  - Wage Information
  - Employer Information
  - Claimant Information
  - Tax Payer Information
  - Applicant Information
  - Proprietary Information
  - Operational Information (manuals, guidelines, procedures)
- MA hereby agree to protect the EDD's information on either paper or electronic form by:  
INITIAL
  - Accessing or using the EDD supplied information only as specified in the Contract for the performance of the specific work I am assigned.
  - Never accessing information for curiosity or personal reasons.
  - Never showing or discussing sensitive or confidential information to or with anyone who does not have the need to know.
  - Placing sensitive or confidential information only in approved locations.
  - Never removing sensitive or confidential information from the work site without authorization.
  - Following encryption requirements for all personal, sensitive, or confidential information in any portable device or media.

**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

ANDERSON, MARK  
Print Full Name (last, first, MI)  
**San Bernardino County District Attorney's Office**  
Print Name of Requesting Agency

M. Anderson  
Signature  
4/27/20  
Date Signed

**Check the appropriate box:**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Employee      | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other _____   |                                    |

Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

Information resources maintained by the State of California Employment Development Department (EDD) and provided to your agency may be confidential or sensitive. Confidential and sensitive information are not open to the public and require special precautions to protect it from wrongful access, use, disclosure, modification, and destruction. The EDD strictly enforces information security. If you violate these provisions, you may be subject to administrative, civil, and/or criminal action.

ERNESTO ANTILLON III  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 603, and Title 18 USC §1905.

EATII  
INITIAL

acknowledge that my supervisor and/or the Contract's Confidentiality and Data Security Monitor reviewed with me the confidentiality and security requirements, policies, and administrative processes of my organization and of the EDD.

EATII  
INITIAL

acknowledge responsibility for knowing the classification of the EDD information I work with and agree to refer questions about the classification of the EDD information (public, sensitive, confidential) to the person the Contract assigns responsibility for the security and confidentiality of the EDD's data.

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EATII  
INITIAL

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EATII  
INITIAL

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- Wage Information
- Employer Information
- Claimant Information
- Tax Payer Information
- Applicant Information
- Proprietary Information
- Operational Information (manuals, guidelines, procedures)

EATII  
INITIAL

hereby agree to protect the EDD's information on either paper or electronic form by:

- Accessing or using the EDD supplied information only as specified in the Contract for the performance of the specific work I am assigned.
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- Never showing or discussing sensitive or confidential information to or with anyone who does not have the need to know.
- Placing sensitive or confidential information only in approved locations.
- Never removing sensitive or confidential information from the work site without authorization.
- Following encryption requirements for all personal, sensitive, or confidential information in any portable device or media.

**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

ANTILLON, ERNESTO III  
Print Full Name (last, first, MI)

**San Bernardino County District Attorney's Office**  
Print Name of Requesting Agency

EATII  
Signature

4/21/20  
Date Signed

**Check the appropriate box:**

- |  |                                    |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Employee | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor       | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other               |                                    |

Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

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ERNESTO A. BANUELOS an employee of San Bernardino County District Attorney's Office  
PRINT YOUR NAME PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 603, and Title 18 USC §1905.

SAB acknowledge that my supervisor and/or the Contract's Confidentiality and Data Security Monitor reviewed with me the confidentiality and security requirements, policies, and administrative processes of my organization and of the EDD.  
INITIAL

SAB acknowledge responsibility for knowing the classification of the EDD information I work with and agree to refer questions about the classification of the EDD information (public, sensitive, confidential) to the person the Contract assigns responsibility for the security and confidentiality of the EDD's data.  
INITIAL

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INITIAL

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- Tax Payer Information
- Applicant Information
- Proprietary Information
- Operational Information (manuals, guidelines, procedures)

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**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

BANUELOS, ERNESTO A.  
Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office  
Print Name of Requesting Agency

[Signature]  
Signature

01/21/2020  
Date Signed

**Check the appropriate box:**

- Employee       Student  
 Subcontractor       Volunteer  
 Other

Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

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TED BEARD

an employee of

San Bernardino County District Attorney's Office

PRINT YOUR NAME

PRINT YOUR EMPLOYER'S NAME

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TB  
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**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

BEARD, TED M.  
Print Full Name (last, first, MI)

[Signature]  
Signature

San Bernardino County District Attorney's Office  
Print Name of Requesting Agency

4/20/2020  
Date Signed

**Check the appropriate box:**

- Employee                       Student  
 Subcontractor                       Volunteer  
 Other \_\_\_\_\_

Explain

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SHANE BENSCHOP  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

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SB  
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**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

BENSCHOP, SHANE

Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency

S.M.

Signature

04-21-2020

Date Signed

Check the appropriate box:

- Employee       Student  
 Subcontractor       Volunteer  
 Other

Explain

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ERIC BREMNER  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

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EB  
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EB  
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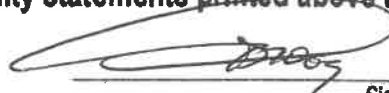
**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

BREMNER, ERIC P.

Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency



Signature

04-20-2020

Date Signed

Check the appropriate box:

- |  |                                    |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Employee | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor       | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other               |                                    |

Explain

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RAY BRIONES  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

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RB  
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BRIONES, RAY

Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency

[Signature]

Signature

4-20-20

Date Signed

Check the appropriate box:

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Employee      | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other         |                                    |

Explain

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ADAM G. CORTINAS  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law including the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 803, and Title 18 USC §1905.

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ADAM G. CORTINAS

Print Full Name (last, first, MI)

**San Bernardino County District Attorney's Office**

Print Name of Requesting Agency



Signature

04/20/2020

Date Signed

Check the appropriate box:

- Employee
- Subcontractor
- Other
- Student
- Volunteer

Explain

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Timothy Day  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

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[Initials]  
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[Initials]  
INITIAL

acknowledge that wrongful access, use, modification, or disclosure of confidential information is grounds for immediate termination of my organization's Contract with the EDD.

[Initials]  
INITIAL

agree to protect the following types of the EDD confidential and sensitive information:

[Initials]  
INITIAL

- Wage Information
- Employer Information
- Claimant Information
- Tax Payer Information
- Applicant Information
- Proprietary Information
- Operational Information (manuals, guidelines, procedures)

[Initials]  
INITIAL

hereby agree to protect the EDD's information on either paper or electronic form by:

- Accessing or using the EDD supplied information only as specified in the Contract for the performance of the specific work I am assigned.
- Never accessing information for curiosity or personal reasons.
- Never showing or discussing sensitive or confidential information to or with anyone who does not have the need to know.
- Placing sensitive or confidential information only in approved locations.
- Never removing sensitive or confidential information from the work site without authorization.
- Following encryption requirements for all personal, sensitive, or confidential information in any portable device or media.

**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

Timothy Day

Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency

[Signature]  
Signature

4/20/20  
Date Signed

Check the appropriate box:

- Employee       Student  
 Subcontractor       Volunteer  
 Other

Explain

**EMPLOYMENT DEVELOPMENT DEPARTMENT  
CONFIDENTIALITY AGREEMENT**

Information resources maintained by the State of California Employment Development Department (EDD) and provided to your agency may be confidential or sensitive. Confidential and sensitive information are not open to the public and require special precautions to protect it from wrongful access, use, disclosure, modification, and destruction. The EDD strictly enforces information security. If you violate these provisions, you may be subject to administrative, civil, and/or criminal action.

KEVIN DE COWD an employee of San Bernardino County District Attorney's Office  
PRINT YOUR NAME PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 603, and Title 18 USC §1905.

- kd INITIAL acknowledge that my supervisor and/or the Contract's Confidentiality and Data Security Monitor reviewed with me the confidentiality and security requirements, policies, and administrative processes of my organization and of the EDD.
- kd INITIAL acknowledge responsibility for knowing the classification of the EDD information I work with and agree to refer questions about the classification of the EDD information (public, sensitive, confidential) to the person the Contract assigns responsibility for the security and confidentiality of the EDD's data.
- kd INITIAL acknowledge responsibility for knowing the privacy, confidentiality, and data security laws that apply to the EDD information I have been granted access to by my employer, including UIC §§1094 and 2111, California Government Code § 15619, CC § 1798.53, and PC § 502.
- kd INITIAL acknowledge that wrongful access, use, modification, or disclosure of confidential information may be punishable as a crime and/or result in disciplinary and/or civil action taken against me—including but not limited to: reprimand, suspension without pay, salary reduction, demotion, or dismissal—and/or fines and penalties resulting from criminal prosecution or civil lawsuits, and/or termination of contract.
- kd INITIAL acknowledge that wrongful access, inspection, use, or disclosure of confidential information for personal gain, curiosity, or any non-business related reason is a crime under state and federal laws.
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DE COWD, KEVIN M  
Print Full Name (last, first, MI)  
San Bernardino County District Attorney's Office  
Print Name of Requesting Agency

[Signature]  
Signature  
4-17-2020  
Date Signed

Check the appropriate box:

- Employee
  - Student
  - Subcontractor
  - Volunteer
  - Other \_\_\_\_\_
- Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

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SEAN FARES an employee of San Bernardino County District Attorney's Office  
PRINT YOUR NAME PRINT YOUR EMPLOYER'S NAME

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FARES SEAN P  
Print Full Name (last, first, MI)  
San Bernardino County District Attorney's Office  
Print Name of Requesting Agency

SKP  
Signature  
4/27/2020  
Date Signed

**Check the appropriate box:**

- Employee
- Subcontractor
- Other
- Student
- Volunteer

Explain



**EMPLOYMENT DEVELOPMENT DEPARTMENT  
CONFIDENTIALITY AGREEMENT**

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BASEN GARDNER  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

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GARDNER, BASEN

Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency

[Signature]

Signature

4-20-20

Date Signed

Check the appropriate box:

- Employee
- Student
- Subcontractor
- Volunteer
- Other SBCDA SR. INV.  
Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

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MICHAEL GIRASEK  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 603, and Title 18 USC §1905.

MS  
INITIAL

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AS  
INITIAL

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INITIAL

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**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

GIRASEK, MICHAEL A  
Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office  
Print Name of Requesting Agency

[Signature]  
Signature

4/27/20  
Date Signed

**Check the appropriate box:**

- |  |                                    |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Employee | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor       | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other               |                                    |

Explain

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DANIEL GOMEZ

PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office

PRINT YOUR EMPLOYER'S NAME

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DD  
INITIAL

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DD  
INITIAL

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- Applicant Information
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INITIAL

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**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

GOMEZ, DANIEL R.

Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency

Daniel R. Gomez  
Signature

4/27/2020

Date Signed

Check the appropriate box:

- Employee       Student  
 Subcontractor       Volunteer  
 Other

Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT






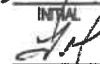

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TODD GRIMM  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 603, and Title 18 USC §1905.

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**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

GRIMM, TODD A  
Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office  
Print Name of Requesting Agency

Todd Grimm  
Signature

4/23/20  
Date Signed

**Check the appropriate box:**

- Employee
- Student
- Subcontractor
- Volunteer
- Other

Explain

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Jose R. Guzman

PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office

PRINT YOUR EMPLOYER'S NAME

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[Signature]  
INITIAL

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Guzman, Jose R.

Print Full Name (last, first, MI)

**San Bernardino County District Attorney's Office**

Print Name of Requesting Agency

[Signature]

Signature

04/21/2020

Date Signed

Check the appropriate box:

- Employee       Student  
 Subcontractor       Volunteer  
 Other

Explain

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AMANDA HOLLOWAY

PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office

PRINT YOUR EMPLOYER'S NAME

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HOLLOWAY, AMANDA M.

Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency



Signature

4/21/2020

Date Signed

Check the appropriate box:

- Employee                       Student  
 Subcontractor                 Volunteer  
 Other

Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

Information resources maintained by the State of California Employment Development Department (EDD) and provided to your agency may be confidential or sensitive. Confidential and sensitive information are not open to the public and require special precautions to protect it from wrongful access, use, disclosure, modification, and destruction. The EDD strictly enforces information security. If you violate these provisions, you may be subject to administrative, civil, and/or criminal action.

ANDREW HONEYCUTT  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 603, and Title 18 USC §1905.

AH  
INITIAL

acknowledge that my supervisor and/or the Contract's Confidentiality and Data Security Monitor reviewed with me the confidentiality and security requirements, policies, and administrative processes of my organization and of the EDD.

AH  
INITIAL

acknowledge responsibility for knowing the classification of the EDD information I work with and agree to refer questions about the classification of the EDD information (public, sensitive, confidential) to the person the Contract assigns responsibility for the security and confidentiality of the EDD's data.

AH  
INITIAL

acknowledge responsibility for knowing the privacy, confidentiality, and data security laws that apply to the EDD information I have been granted access to by my employer, including UIC §§1094 and 2111, California Government Code § 15619, CC § 1798.53, and PC § 502.

AH  
INITIAL

acknowledge that wrongful access, use, modification, or disclosure of confidential information may be punishable as a crime and/or result in disciplinary and/or civil action taken against me—including but not limited to: reprimand, suspension without pay, salary reduction, demotion, or dismissal—and/or fines and penalties resulting from criminal prosecution or civil lawsuits, and/or termination of contract.

AH  
INITIAL

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AH  
INITIAL

acknowledge that wrongful access, use, modification, or disclosure of confidential information is grounds for immediate termination of my organization's Contract with the EDD.

AH  
INITIAL

agree to protect the following types of the EDD confidential and sensitive information:

- Wage Information
- Employer Information
- Claimant Information
- Tax Payer Information
- Applicant Information
- Proprietary Information
- Operational Information (manuals, guidelines, procedures)

AH  
INITIAL

hereby agree to protect the EDD's information on either paper or electronic form by:

- Accessing or using the EDD supplied information only as specified in the Contract for the performance of the specific work I am assigned.
- Never accessing information for curiosity or personal reasons.
- Never showing or discussing sensitive or confidential information to or with anyone who does not have the need to know.
- Placing sensitive or confidential information only in approved locations.
- Never removing sensitive or confidential information from the work site without authorization.
- Following encryption requirements for all personal, sensitive, or confidential information in any portable device or media.

**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

HONEYCUTT, ANDREW P  
Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency

[Signature]  
Signature

4-21-20  
Date Signed

Check the appropriate box:

- Employee                       Student  
 Subcontractor                 Volunteer  
 Other

Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

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ISRAEL, MARJORIE  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

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INITIAL

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- Tax Payer Information
- Applicant Information
- Proprietary Information
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ISRAEL, MARJORIE  
Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office  
Print Name of Requesting Agency

Marjorie Israel  
Signature

21 APR 20

Date Signed

Check the appropriate box:

- Employee                       Student  
 Subcontractor                 Volunteer  
 Other

Explain

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JEREMY JACKSON an employee of  
PRINT YOUR NAME

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

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- Applicant Information
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JEREMY JACKSON  
Print Full Name (last, first, MI)  
**San Bernardino County District Attorney's Office**  
Print Name of Requesting Agency

Jeremy Jackson  
Signature  
4/28/20  
Date Signed

**Check the appropriate box:**

- Employee                       Student  
 Subcontractor                   Volunteer  
 Other

Explain

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CHAD JOHNSON  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

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CRJ  
INITIAL

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CRJ  
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CRJ  
INITIAL

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JOHNSON, CHAD R.

Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency

[Signature]  
Signature

4/28/20

Date Signed

Check the appropriate box:

- Employee       Student  
 Subcontractor       Volunteer  
 Other









Explain

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PHILLIP JONAS an employee of San Bernardino County District Attorney's Office  
PRINT YOUR NAME PRINT YOUR EMPLOYER'S NAME

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JONAS, PHILLIP M  
Print Full Name (last, first, MI)  
**San Bernardino County District Attorney's Office**  
Print Name of Requesting Agency

  
Signature  
4-21-2020  
Date Signed

- Check the appropriate box:**
- |  |                                    |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Employee | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor       | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other               | <small>Explain</small>             |

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DUSTIN KATO  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

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[Signature]  
INITIAL acknowledge that my supervisor and/or the Contract's Confidentiality and Data Security Monitor reviewed with me the confidentiality and security requirements, policies, and administrative processes of my organization and of the EDD.

[Signature]  
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- Proprietary Information
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[Signature]  
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KATO, DUSTIN, J.  
Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office  
Print Name of Requesting Agency

[Signature]  
Signature

4-28-2020  
Date Signed

**Check the appropriate box:**

- Employee                       Student  
 Subcontractor                 Volunteer  
 Other

Explain

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JORGIE LOZANO  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

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LOZANO, JORGIE, J.

Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency

[Signature]  
Signature

4/23/2020

Date Signed

Check the appropriate box:

- Employee  Student  
 Subcontractor  Volunteer  
 Other

Explain

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CHAD MAYFIELD

an employee of

San Bernardino County District Attorney's Office

PRINT YOUR NAME

PRINT YOUR EMPLOYER'S NAME

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MAYFIELD, CHAD D.

Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency

Chad Mayfield

Signature

07-21-20

Date Signed

Check the appropriate box:

- |  |                                    |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Employee | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor       | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other               |                                    |

Explain

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DEVON McCURE

PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office

PRINT YOUR EMPLOYER'S NAME

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DM  
INITIAL

acknowledge that wrongful access, inspection, use, or disclosure of confidential information for personal gain, curiosity, or any non-business related reason is a crime under state and federal laws.

DM  
INITIAL

acknowledge that wrongful access, use, modification, or disclosure of confidential information is grounds for immediate termination of my organization's Contract with the EDD.

DM  
INITIAL

agree to protect the following types of the EDD confidential and sensitive information:

- Wage Information
- Employer Information
- Client Information
- Tax Payer Information
- Applicant Information
- Proprietary Information
- Operational Information (manuals, guidelines, procedures)

DM  
INITIAL

hereby agree to protect the EDD's information on either paper or electronic form by:

- Accessing or using the EDD supplied information only as specified in the Contract for the performance of the specific work I am assigned.
- Never accessing information for curiosity or personal reasons.
- Never showing or discussing sensitive or confidential information to or with anyone who does not have the need to know.
- Placing sensitive or confidential information only in approved locations.
- Never removing sensitive or confidential information from the work site without authorization.
- Following encryption requirements for all personal, sensitive, or confidential information in any portable device or media.

**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

McCure, Devon, G

Print Full Name (last, first, MI)

**San Bernardino County District Attorney's Office**

Print Name of Requesting Agency

DM McCure  
Signature

5/5/2020

Date Signed

Check the appropriate box:

- |  |                                    |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Employee | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor       | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other               |                                    |

Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

Information resources maintained by the State of California Employment Development Department (EDD) and provided to your agency may be confidential or sensitive. Confidential and sensitive information are not open to the public and require special precautions to protect it from wrongful access, use, disclosure, modification, and destruction. The EDD strictly enforces information security. If you violate these provisions, you may be subject to administrative, civil, and/or criminal action.

Charles Miller  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 603, and Title 18 USC §1905.

CM  
INITIAL

acknowledge that my supervisor and/or the Contract's Confidentiality and Data Security Monitor reviewed with me the confidentiality and security requirements, policies, and administrative processes of my organization and of the EDD.

CM  
INITIAL

acknowledge responsibility for knowing the classification of the EDD information I work with and agree to refer questions about the classification of the EDD information (public, sensitive, confidential) to the person the Contract assigns responsibility for the security and confidentiality of the EDD's data.

CM  
INITIAL

acknowledge responsibility for knowing the privacy, confidentiality, and data security laws that apply to the EDD information I have been granted access to by my employer, including UIC §§1094 and 2111, California Government Code § 15619, CC § 1798.53, and PC § 502.

CM  
INITIAL

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CM  
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INITIAL

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- Wage Information
- Employer Information
- Claimant Information
- Tax Payer Information
- Applicant Information
- Proprietary Information
- Operational Information (manuals, guidelines, procedures)

CM  
INITIAL

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- Never showing or discussing sensitive or confidential information to or with anyone who does not have the need to know.
- Placing sensitive or confidential information only in approved locations.
- Never removing sensitive or confidential information from the work site without authorization.
- Following encryption requirements for all personal, sensitive, or confidential information in any portable device or media.

**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

Miller, Charles G  
Print Full Name (last, first, MI)

Charles Miller  
Signature

San Bernardino County District Attorney's Office  
Print Name of Requesting Agency

4/21/20  
Date Signed

**Check the appropriate box:**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Employee      | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other         |                                    |

Explain

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VON ERIC MILLER  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 603, and Title 18 USC §1905.

EM  
INITIAL

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EM  
INITIAL

acknowledge responsibility for knowing the classification of the EDD information I work with and agree to refer questions about the classification of the EDD information (public, sensitive, confidential) to the person the Contract assigns responsibility for the security and confidentiality of the EDD's data.

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INITIAL

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EM  
INITIAL

agree to protect the following types of the EDD confidential and sensitive information:

EM  
INITIAL

- Wage Information
- Employer Information
- Claimant Information
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- Applicant Information
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- Operational Information (manuals, guidelines, procedures)

EM  
INITIAL

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VON ERIC MILLER

Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency

[Signature]  
Signature

4-27-20

Date Signed

Check the appropriate box:

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Employee      | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other         |                                    |

Explain

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JESSE MOON  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

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Jm  
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Jm  
INITIAL

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**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

MOON, JESSE J

Print Full Name (last, first, MI)

**San Bernardino County District Attorney's Office**

Print Name of Requesting Agency



Signature

4/21/2020

Date Signed

Check the appropriate box:

- |  |                                    |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Employee | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor       | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other               |                                    |

Explain

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EDWARD J. NYBERG  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 803, and Title 18 USC §1905.

*EJm*  
INITIAL

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*EJm*  
INITIAL

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*EJm*  
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*EJm*  
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*EJm*  
INITIAL

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*EJm*  
INITIAL

agree to protect the following types of the EDD confidential and sensitive information:

- Wage Information
- Employer Information
- Claimant Information
- Tax Payer Information
- Applicant Information
- Proprietary Information
- Operational information (manuals, guidelines, procedures)

*EJm*  
INITIAL

hereby agree to protect the EDD's information on either paper or electronic form by:

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- Never removing sensitive or confidential information from the work site without authorization.
- Following encryption requirements for all personal, sensitive, or confidential information in any portable device or media.

**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

NYBERG, EDWARD J.  
Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office  
Print Name of Requesting Agency

Edward J. Nyberg  
Signature

4-21-2020

Date Signed

Check the appropriate box:

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Employee      | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other         |                                    |

Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

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CHARLES PETERSEN  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 803, and Title 18 USC §1905.

CP acknowledge that my supervisor and/or the Contract's Confidentiality and Data Security Monitor reviewed with me the confidentiality and security requirements, policies, and administrative processes of my organization and of the EDD.  
INITIAL

CP acknowledge responsibility for knowing the classification of the EDD information I work with and agree to refer questions about the classification of the EDD information (public, sensitive, confidential) to the person the Contract assigns responsibility for the security and confidentiality of the EDD's data.  
INITIAL

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INITIAL

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INITIAL

CP acknowledge that wrongful access, use, modification, or disclosure of confidential information is grounds for immediate termination of my organization's Contract with the EDD.  
INITIAL

CP agree to protect the following types of the EDD confidential and sensitive information:  
INITIAL

- |                         |   |
|-------------------------|---|
| • Wage Information      | • Applicant Information                                     |
| • Employer Information  | • Proprietary Information                                   |
| • Claimant Information  | • Operational Information (manuals, guidelines, procedures) |
| • Tax Payer Information |   |

CP hereby agree to protect the EDD's information on either paper or electronic form by:  
INITIAL

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**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

PETERSEN, CHARLES M.  
Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office  
Print Name of Requesting Agency



Signature

04.21.2020

Date Signed

**Check the appropriate box:**

- |  |                                    |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Employee | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor       | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other               |                                    |

Explain

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ROGER PLANAS  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 603, and Title 18 USC §1905.

RP  
INITIAL

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RP  
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ROGER PLANAS  
Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office  
Print Name of Requesting Agency

[Signature]  
Signature

5/6/2020  
Date Signed

**Check the appropriate box:**

- Employee                       Student  
 Subcontractor                       Volunteer  
 Other

Explain

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ANDREW REYES  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

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A.R.  
INITIAL

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A.R.  
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**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

REYES, ANDREW, J.

Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency

[Signature]

Signature

04/27/2020

Date Signed

Check the appropriate box:

- Employee       Student  
 Subcontractor       Volunteer  
 Other

Explain

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Stephen Showalter

an employee of

San Bernardino County District Attorney's Office

PRINT YOUR NAME

PRINT YOUR EMPLOYER'S NAME

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- Applicant Information
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INITIAL  
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- Accessing or using the EDD supplied information only as specified in the Contract for the performance of the specific work I am assigned.
- Never accessing information for curiosity or personal reasons.
- Never showing or discussing sensitive or confidential information to or with anyone who does not have the need to know.
- Placing sensitive or confidential information only in approved locations.
- Never removing sensitive or confidential information from the work site without authorization.
- Following encryption requirements for all personal, sensitive, or confidential information in any portable device or media.

**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

Stephen Showalter

Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency

Signature

04-23-2020

Date Signed

Check the appropriate box:

- Employee  Student  
 Subcontractor  Volunteer  
 Other

Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

Information resources maintained by the State of California Employment Development Department (EDD) and provided to your agency may be confidential or sensitive. Confidential and sensitive information are not open to the public and require special precautions to protect it from wrongful access, use, disclosure, modification, and destruction. The EDD strictly enforces information security. If you violate these provisions, you may be subject to administrative, civil, and/or criminal action.

STEVE SHUMWAY  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 603, and Title 18 USC §1905.

SS  
INITIAL

acknowledge that my supervisor and/or the Contract's Confidentiality and Data Security Monitor reviewed with me the confidentiality and security requirements, policies, and administrative processes of my organization and of the EDD.

SS  
INITIAL

acknowledge responsibility for knowing the classification of the EDD information I work with and agree to refer questions about the classification of the EDD information (public, sensitive, confidential) to the person the Contract assigns responsibility for the security and confidentiality of the EDD's data.

SS  
INITIAL

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INITIAL

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SS  
INITIAL

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SS  
INITIAL

acknowledge that wrongful access, use, modification, or disclosure of confidential information is grounds for immediate termination of my organization's Contract with the EDD.

SS  
INITIAL

agree to protect the following types of the EDD confidential and sensitive information:

- Wage Information
- Employer Information
- Claimant Information
- Tax Payer Information
- Applicant Information
- Proprietary Information
- Operational Information (manuals, guidelines, procedures)

SS  
INITIAL

hereby agree to protect the EDD's information on either paper or electronic form by:

- Accessing or using the EDD supplied information only as specified in the Contract for the performance of the specific work I am assigned.
- Never accessing information for curiosity or personal reasons.
- Never showing or discussing sensitive or confidential information to or with anyone who does not have the need to know.
- Placing sensitive or confidential information only in approved locations.
- Never removing sensitive or confidential information from the work site without authorization.
- Following encryption requirements for all personal, sensitive, or confidential information in any portable device or media.

**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

SHUMWAY, STEVE M.  
Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office  
Print Name of Requesting Agency

Steve M. Shumway  
Signature

4-27-20  
Date Signed

**Check the appropriate box:**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Employee      | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other         |                                    |

Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

Information resources maintained by the State of California Employment Development Department (EDD) and provided to your agency may be confidential or sensitive. Confidential and sensitive information are not open to the public and require special precautions to protect it from wrongful access, use, disclosure, modification, and destruction. The EDD strictly enforces information security. If you violate these provisions, you may be subject to administrative, civil, and/or criminal action.

WILLIAM L. SMYSEN  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law including the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 803, and Title 18 USC §1905.

- WLS INITIAL acknowledge that my supervisor and/or the Contract's Confidentiality and Data Security Monitor reviewed with me the confidentiality and security requirements, policies, and administrative processes of my organization and of the EDD.
- WLS INITIAL acknowledge responsibility for knowing the classification of the EDD information I work with and agree to refer questions about the classification of the EDD information (public, sensitive, confidential) to the person the Contract assigns responsibility for the security and confidentiality of the EDD's data.
- WLS INITIAL acknowledge responsibility for knowing the privacy, confidentiality, and data security laws that apply to the EDD information I have been granted access to by my employer, including UIC §§1094 and 2111, California Government Code § 15619, CC § 1798.53, and PC § 502.
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- WLS INITIAL agree to protect the following types of the EDD confidential and sensitive information:
  - Wage Information
  - Employer Information
  - Claimant Information
  - Tax Payer Information
  - Applicant Information
  - Proprietary Information
  - Operational Information (manuals, guidelines, procedures)
- WLS INITIAL hereby agree to protect the EDD's information on either paper or electronic form by:
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  - Never accessing information for curiosity or personal reasons.
  - Never showing or discussing sensitive or confidential information to or with anyone who does not have the need to know.
  - Placing sensitive or confidential information only in approved locations.
  - Never removing sensitive or confidential information from the work site without authorization.
  - Following encryption requirements for all personal, sensitive, or confidential information in any portable device or media.

**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

SMYSEN, WILLIAM L.  
Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office  
Print Name of Requesting Agency

William L. Smyser  
Signature

4/20/2020  
Date Signed

**Check the appropriate box:**

- Employee                       Student  
 Subcontractor                 Volunteer  
 Other

Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

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DAVID J. STEELE an employee of San Bernardino County District Attorney's Office  
PRINT YOUR NAME PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 603, and Title 18 USC §1905.

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INITIAL
- DS acknowledge responsibility for knowing the classification of the EDD information I work with and agree to refer questions about the classification of the EDD information (public, sensitive, confidential) to the person the Contract assigns responsibility for the security and confidentiality of the EDD's data.  
INITIAL
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INITIAL
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INITIAL
- DS acknowledge that wrongful access, use, modification, or disclosure of confidential information is grounds for immediate termination of my organization's Contract with the EDD.  
INITIAL
- DS agree to protect the following types of the EDD confidential and sensitive information:
  - Wage Information
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  - Claimant Information
  - Tax Payer Information
  - Applicant Information
  - Proprietary Information
  - Operational Information (manuals, guidelines, procedures)
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  - Following encryption requirements for all personal, sensitive, or confidential information in any portable device or media.

**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

STEELE, David  
Print Full Name (last, first, MI)  
**San Bernardino County District Attorney's Office**  
Print Name of Requesting Agency

[Signature]  
Signature  
4.22.20  
Date Signed

**Check the appropriate box:**

<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> Student
<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Other	Explain _____

**EMPLOYMENT DEVELOPMENT DEPARTMENT  
CONFIDENTIALITY AGREEMENT**

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RODNEY TAMPALONG  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law including the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 603, and Title 18 USC §1905.

RS  
INITIAL

acknowledge that my supervisor and/or the Contract's Confidentiality and Data Security Monitor reviewed with me the confidentiality and security requirements, policies, and administrative processes of my organization and of the EDD.

RS  
INITIAL

acknowledge responsibility for knowing the classification of the EDD information I work with and agree to refer questions about the classification of the EDD information (public, sensitive, confidential) to the person the Contract assigns responsibility for the security and confidentiality of the EDD's data.

RS  
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RS  
INITIAL

acknowledge that wrongful access, use, modification, or disclosure of confidential information is grounds for immediate termination of my organization's Contract with the EDD.

RS  
INITIAL

agree to protect the following types of the EDD confidential and sensitive information:

- Wage Information
- Employer Information
- Claimant Information
- Tax Payer Information
- Applicant Information
- Proprietary Information
- Operational Information (manuals, guidelines, procedures)

RS  
INITIAL

hereby agree to protect the EDD's information on either paper or electronic form by:

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- Following encryption requirements for all personal, sensitive, or confidential information in any portable device or media.

**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

TAMPALONG, RODNEY

Print Full Name (last, first, MI)

**San Bernardino County District Attorney's Office**

Print Name of Requesting Agency



Signature

4-21-2020

Date Signed

Check the appropriate box:

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Employee      | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other         |                                    |

Explain

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TOM TARIFE  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 603, and Title 18 USC §1905.

T.T. acknowledge that my supervisor and/or the Contract's Confidentiality and Data Security Monitor reviewed with me the confidentiality and security requirements, policies, and administrative processes of my organization and of the EDD.  
INITIAL

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INITIAL

T.T. acknowledge that wrongful access, use, modification, or disclosure of confidential information is grounds for immediate termination of my organization's Contract with the EDD.  
INITIAL

T.T. agree to protect the following types of the EDD confidential and sensitive information:  
INITIAL

- Wage Information
- Employer Information
- Claimant Information
- Tax Payer Information
- Applicant Information
- Proprietary Information
- Operational Information (manuals, guidelines, procedures)

T.T. hereby agree to protect the EDD's information on either paper or electronic form by:  
INITIAL

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**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

TARIFE, TOM

Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency

[Signature]  
Signature

5/03/20  
Date Signed

Check the appropriate box:

- Employee
- Student
- Subcontractor
- Volunteer
- Other

Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

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ANDREW SCOTT TAYLOR an employee of  
PRINT YOUR NAME

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 803, and Title 18 USC §1905.

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- Applicant Information
- Proprietary Information
- Operational Information (manuals, guidelines, procedures)

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**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

TAYLOR, ANDREW S  
Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office  
Print Name of Requesting Agency

[Signature]  
Signature

04-21-20  
Date Signed

Check the appropriate box:

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Employee      | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other         |                                    |

Explain

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DAVID TOPPING

PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office

PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 603, and Title 18 USC §1905.

D.T.  
INITIAL

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D.T.  
INITIAL

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D.T.  
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**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

TOPPING, DAVID, J.

Print Full Name (last, first, MI)

**San Bernardino County District Attorney's Office**

Print Name of Requesting Agency

*David J. Topping*  
Signature

4/20/2020

Date Signed

Check the appropriate box:

- Employee                       Student  
 Subcontractor                 Volunteer  
 Other

Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

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JESSE VALADEZ  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 603, and Title 18 USC §1905.

JV acknowledge that my supervisor and/or the Contract's Confidentiality and Data Security Monitor reviewed with me the confidentiality and security requirements, policies, and administrative processes of my organization and of the EDD.

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- Following encryption requirements for all personal, sensitive, or confidential information in any portable device or media.

**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

VALADEZ JESSE  
Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office  
Print Name of Requesting Agency

[Signature]  
Signature

4/20/20  
Date Signed

**Check the appropriate box:**

- Employee                       Student  
 Subcontractor                 Volunteer  
 Other

Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

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HECTOR Z VIDAL  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

hereby acknowledge that the confidential and/or sensitive records of the Employment Development Department are subject to strict confidentiality requirements imposed by state and federal law include the Unemployment Insurance Code (UIC) §§1094 and 2111, the California Civil Code (CC) §1798 et seq., the California Penal Code (PC) §502, Title 5, USC §552a, Code of Federal Regulations, Title 20 part 603, and Title 18 USC §1905.

HV INITIAL acknowledge that my supervisor and/or the Contract's Confidentiality and Data Security Monitor reviewed with me the confidentiality and security requirements, policies, and administrative processes of my organization and of the EDD.

HV INITIAL acknowledge responsibility for knowing the classification of the EDD information I work with and agree to refer questions about the classification of the EDD information (public, sensitive, confidential) to the person the Contract assigns responsibility for the security and confidentiality of the EDD's data.

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HV INITIAL acknowledge that wrongful access, inspection, use, or disclosure of confidential information for personal gain, curiosity, or any non-business related reason is a crime under state and federal laws.

HV INITIAL acknowledge that wrongful access, use, modification, or disclosure of confidential information is grounds for immediate termination of my organization's Contract with the EDD.

HV INITIAL agree to protect the following types of the EDD confidential and sensitive information:

- Wage Information
- Employer Information
- Claimant Information
- Tax Payer Information
- Applicant Information
- Proprietary Information
- Operational Information (manuals, guidelines, procedures)

HV INITIAL hereby agree to protect the EDD's information on either paper or electronic form by:

- Accessing or using the EDD supplied information only as specified in the Contract for the performance of the specific work I am assigned.
- Never accessing information for curiosity or personal reasons.
- Never showing or discussing sensitive or confidential information to or with anyone who does not have the need to know.
- Placing sensitive or confidential information only in approved locations.
- Never removing sensitive or confidential information from the work site without authorization.
- Following encryption requirements for all personal, sensitive, or confidential information in any portable device or media.

**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

VIDAL, Hector Z

Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency

Hector Vidal

Signature

4/21/2020

Date Signed

Check the appropriate box:

- Employee                       Student  
 Subcontractor                       Volunteer  
 Other

Explain

**EMPLOYMENT DEVELOPMENT DEPARTMENT  
CONFIDENTIALITY AGREEMENT**

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NEOMI WILEY

PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office

PRINT YOUR EMPLOYER'S NAME

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NW  
INITIAL

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NW  
INITIAL

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**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

WILEY NEOMI M.

Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office

Print Name of Requesting Agency

[Signature]

Signature

4/27/2020

Date Signed

Check the appropriate box:

- |  |                                    |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Employee | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor       | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other               |                                    |

Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT CONFIDENTIALITY AGREEMENT

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CARL WILLIAMS  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

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INITIAL

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**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

WILLIAMS CARL A.  
Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office  
Print Name of Requesting Agency

aw  
Signature

4/20/20  
Date Signed

**Check the appropriate box:**

- Employee                       Student  
 Subcontractor                 Volunteer  
 Other

Explain

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James D Wilson

PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office

PRINT YOUR EMPLOYER'S NAME

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*[Signature]*  
INITIAL

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*[Signature]*  
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*[Signature]*  
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*[Signature]*  
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*[Signature]*  
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*[Signature]*  
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**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

Wilson, James D

Print Full Name (last, first, MI)

**San Bernardino County District Attorney's Office**

Print Name of Requesting Agency

*[Signature]* I 9724

Signature

4-27-2020

Date Signed

Check the appropriate box:

- |  |                                    |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Employee | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor       | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other               |                                    |

Explain

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YVONNE ZARATE  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

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Y2  
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Y2  
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- |                         |   |
|-------------------------|---|
| • Wage Information      | • Applicant Information                                     |
| • Employer Information  | • Proprietary Information                                   |
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| • Tax Payer Information |   |

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ZARATE, YVONNE M  
Print Full Name (last, first, MI)

San Bernardino County District Attorney's Office  
Print Name of Requesting Agency

*Yvonne Zarate*  
Signature

04/17/20  
Date Signed

Check the appropriate box:

- |  |                                    |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Employee | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Subcontractor       | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other               |                                    |

Explain

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BRIAN JERTT  
PRINT YOUR NAME

an employee of

San Bernardino County District Attorney's Office  
PRINT YOUR EMPLOYER'S NAME

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**"I certify that I have read and initialed the confidentiality statements printed above and will abide by them."**

JERTT, BRIAN, J  
Print Full Name (last, first, MI)

**San Bernardino County District Attorney's Office**  
Print Name of Requesting Agency

[Signature]  
Signature

5/5/2020  
Date Signed

**Check the appropriate box:**

- Employee                       Student  
 Subcontractor                       Volunteer  
 Other

Explain

## EMPLOYMENT DEVELOPMENT DEPARTMENT INDEMNITY AGREEMENT

In consideration of access to the EDD information which is personal, sensitive, or confidential,

**San Bernardino County**

(Enter Requesting Agency/Entity Name)

agrees to indemnify the EDD against any and all liability costs, damages, attorney fees, and other expenses the EDD may incur by reason of or as a result of any unauthorized use of the personal, sensitive, or confidential information or any violation of the "Confidentiality Agreement" by any and all employees of:

**San Bernardino County**

(Enter Requesting Agency/Entity Name)

This obligation shall be continuous and may not be changed or modified unless agreed to in writing.

In addition, I understand that the following penalties may be incurred for any such misuse of the EDD Information:

1. Any individual who has access to returns, reports, or documents maintained by the EDD who fails to protect the confidential information from being published or open to the public may be punished by imprisonment in the county jail for up to one year or a fine of \$20,000.00 or both. (Unemployment Insurance Code §§ 2111 and 2122).
2. Any person who intentionally discloses information, not otherwise public, which they knew or should have known was obtained from personal information maintained by a state agency, shall be subject to civil action for invasion of privacy by the individual to whom the information pertains. (California Civil Code §1798.53).
3. Any unauthorized access to the EDD computer data, computer systems, or unauthorized use of the EDD data is punishable by a fine or imprisonment in the county jail or both. (California Penal Code §502).

**I certify that I have read, understand, and agree with the above terms.**

### SIGNED BY REQUESTING ENTITY REPRESENTATIVE

Curt Hagman

Print Full Name

As Chairman, Board of Supervisors

Print Title

Of County of San Bernardino

Print Name of Requesting Entity

Signature

**MAY 19 2020**

Date Signed

Enter Name Governmental Sponsor/Entity

**EMPLOYMENT DEVELOPMENT DEPARTMENT  
STATEMENT OF RESPONSIBILITY**

**INFORMATION SECURITY CERTIFICATION**

We, the Supervising Automated Systems Analyst and Assistant Chief Investigator hereby certify that the San Bernardino County District Attorney's Office has in place the safeguards and security requirements stated in this Standard Agreement. We therefore accept responsibility for ensuring compliance with these requirements, as set forth in Exhibit "D" of the EDD Contract No. 0000000113.

_____ INFORMATION SECURITY OFFICER SIGNATURE	_____ PROGRAM DIRECTOR OR CHIEF INFORMATION OFFICER SIGNATURE
Steven Arias _____ PRINT NAME OF INFORMATION SECURITY OFFICER	Eric Bremner _____ PRINT NAME
Supervising Automated Systems Analyst _____ PRINT TITLE	Supervising Investigator _____ PRINT TITLE
(909) 382-3875 _____ TELEPHONE NUMBER	(909) 382-3686 _____ TELEPHONE NUMBER
sarias@sbcda.org _____ E-MAIL ADDRESS	ebremner@sbcda.org _____ E-MAIL ADDRESS
_____ DATE SIGNED	_____ DATE SIGNED

**NOTE:** Return this Information Security Certification to the EDD Contract Manager with the signed copies of the Contract.

**FOR THE EDD USE ONLY**

**1. Information Security Certification received by:**

_____ EDD CONTRACT MANAGER NAME	_____ DATE RECEIVED
------------------------------------	------------------------

**2. The EDD information asset access approved by:**

_____ CONTRACT MANAGER OR DISCLOSURE COORDINATOR	_____ DATE APPROVED (AFF, EMAIL, ETC.)
---	---

**NOTE:** The EDD must have a signed "Information Security Certification" in its possession prior to disclosure of any personal, confidential, or sensitive information to the San Bernardino County District Attorney's Office.