

**KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
SRS Computer User Security Agreement**

Rev. 03/07

I understand that all client information contained on any SRS computer systems or any other agency computer systems I access is confidential. I agree not to disclose any information regarding persons who have applied for, have received, or who are receiving public assistance, other benefits or services from SRS to any unauthorized groups or individual; or to any person for any purpose other than the administration of the SRS programs using these computer systems.

I also agree to protect all information available to me through interfaces with other agencies, whether the information is on the SRS computer systems via direct computer access; from hard copy documents; or other means of communication. This includes but is not limited to information from the Internal Revenue Service, the Social Security Administration and other state agencies and their contractors.

I understand that I may use the terminal only for those specific functions for which I have been authorized.

I understand that the password(s) I receive is or are confidential, may not be written down, may not be programmed into a PF key and may be used only by myself. If I suspect anyone else has knowledge of my password, I will report it immediately to my supervisor and Security Liaison, Superintendent, Central Office administrator, or to SecurityAccess@srs.ks.gov. I will change my password at that time.

I understand whenever I leave the PC I must either sign off or invoke a password protected screen saver.

I understand I must change my password(s) as required.

I have read this entire document and agree to abide by it. I understand that any violation of this agreement may result in disciplinary action which may include discharge. Furthermore, I understand that I may be prosecuted if I knowingly and intentionally use any SRS computer systems or any other agency's computer systems I access for fraudulent purposes.

Print Name: _____ Email Address: _____

Function/Job Title: _____ Phone Number: _____

Signature of Employee: _____ Date: _____

Region/Office Location: _____

Signature of Witness: _____ Email Address: _____

Job Title of Witness: _____ Phone Number: _____

Office Location: _____ Date: _____

Scan this signed original and email the scanned copy to SecurityAccess@srs.ks.gov If you can't scan it, fax it to 785 296.5930. Keep the original copy for your own records.