



Bureau of Emergency Management

Records Security Form

As a result of my employment with the City and my position with the Bureau of Emergency Management, I may be the recipient of information about employees, vendors or community members which may be confidential or sensitive.

1. I will be responsible for not disclosing confidential and/or sensitive employee, vendor or community member information by any means except in accordance with City Human Resources Administrative Rules and bureau-specific policies and regulations.
2. I am responsible for the safekeeping of such information, documents and material and for the handling of such information, documents and material so as to prevent their disclosure to unauthorized persons.
3. I acknowledge that I am responsible for the protection of all such information, documents and material in my possession no matter how acquired.
4. I will discuss confidential aspects of my work only with those who have a need to know.
5. Even after termination of my employment, I am not to disclose to anyone any confidential or sensitive information, documents or material of any kind obtained by me as a result of my employment by the City without the authorization of my manager, if applicable, and the Bureau of Human Resources Director.
6. I will immediately notify my manager and the Bureau of Human Resources Director or designee of any circumstances that cause me to believe the confidential nature of my work may be compromised or disclosed in violation of this policy.
7. I agree to use all City information and management systems in a manner consistent with their intended use in support of official City business. I agree to protect my systems password(s) to information and management systems.
8. I agree to protect information technology equipment, as well as documents and material of any kind, while in my possession if my work requires that they be taken outside my work facility.
9. This policy does not prevent me from bringing forward complaints disclosing fraud or impropriety, or from engaging in privileged communication.
10. My signature below acknowledges that I have received, read and had an opportunity to ask clarifying questions regarding the PBEM Records Security Policy.
11. I understand that any violation of this policy may result in disciplinary action including suspension or discharge.

	Print	Signature	Date
Employee	_____	_____	_____
Supervisor or Director	_____	_____	_____