

**NOVATO UNIFIED SCHOOL DISTRICT**  
**Employee User Responsibility Acknowledgement and Confidentiality Agreement**

It is the policy of the Novato Unified School District to protect the confidentiality of information that resides in its information systems which includes data on employees, students and other business/financial information. Based upon your job duties and responsibilities, you have been designated to have access to a portion of the District Student and/or Financial/Personnel Systems (Aeries /QSS).

**My access and use of QSS and/or Aeries is subject to the following terms and conditions.**

1. **I will use the software and the data it contains to conduct District business only.** Access or use of the system and the data it contains for my own personal gain or profit, for the personal gain or profit of others, or to satisfy personal curiosity is strictly forbidden. \_\_\_\_\_ **Initial**
2. **I will respect the confidentiality of individuals to whose records I have been given access.** I will observe any ethical restrictions and will abide by applicable laws and policies with respect to access, use, or disclosure of personnel/financial/student data and information. \_\_\_\_\_ **Initial**
3. **I will not give data to persons not authorized to have access to it.** I understand that the District expressly forbids the disclosure of data or the distribution of such data in any medium, except as required by my job duties and responsibilities and which have been approved in advance. \_\_\_\_\_ **Initial**
4. **I will follow control procedures and take reasonable measures to protect the student/financial/personnel data to which I have been granted access.** I will protect my user ID, login, password and any other means of access to the system(s). \_\_\_\_\_ **Initial**
5. **I agree to perform only transactions that affect the work for which I have responsibility or authorization.** \_\_\_\_\_ **Initial**
6. **I will not disclose my username, login and/or password to other individuals.** I will not use another person's username or login. If I have reason to believe that my username, login or password, or that of another individual has been compromised or is being used by a person other than the individual to whom it was issued, I will report it to my supervisor **AND** Information Technology. \_\_\_\_\_ **Initial**
7. **I understand that I will be held responsible for the consequences of any misuse occurring under my "User ID", "Login" or "Password" due to any neglect on my part.** \_\_\_\_\_ **Initial**
8. **I will be responsible for the accurate presentation of data, and will be responsible for the consequences of any intentional misrepresentation of that data on my part.** \_\_\_\_\_ **Initial**
9. **I understand that the transactions processed through the Student and Personnel/Financial Systems are audited on an ongoing basis and the District will take appropriate action when improper use is detected.** \_\_\_\_\_ **Initial**
10. **I agree to follow the policies and procedures established by the District for the use of the Student/Financial/Personnel Systems.** Failure to do so may result in the revocation of my system privileges and/or disciplinary actions, including termination of my employment. \_\_\_\_\_ **Initial**

**My signature indicates that I have read, understood, and agreed to abide by the terms and conditions of this agreement (required before my personal access code and password are assigned).**

\_\_\_\_\_  
**Employee's Legal Name (Please Print Clearly)**

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department/School**

**ORIGINAL SIGNATURE IS REQUIRED.**

**PLEASE COMPLETE BOTH SIDES OF THE FORM.**

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Position: \_\_\_\_\_

My job requires access to the following systems:

- QSS (Financial/Human Resource System)
- Aeries – desktop version
- ABI – Aeries Browser Interface (access Aeries via a web browser for attendance, grading, etc.)
- CALPADS

Administrator/Supervisor Signature: \_\_\_\_\_

*Please return the completed form to Information Technology, Novato Unified School District.*

**ORIGINAL SIGNATURE IS REQUIRED.**

**PLEASE COMPLETE BOTH SIDES OF THE FORM.**