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ALDER USER AFFIDAVIT

The following Alaska statutes pertain to the use of confidential information and to the responsibilities of employees who have access to confidential information. Sec. 40.25.110 stipulates that public records of all public agencies are open to inspection by the public, unless specifically provided otherwise as stated in Sec. 39.25.080. All information not exempted by Sec.39.25.080 is considered confidential.

SEC. 11.56.860. MISUSE OF CONFIDENTIAL INFORMATION.

- (a) A person who is or has been a public servant commits the crime of misuse of confidential information if the person
 - (1) learns confidential information through employment as a public servant; and
 - (2) while in office or after leaving office, uses the confidential information for personal gain or in a manner not connected with the performance of official duties other than by giving sworn testimony or evidence in a legal proceeding in conformity with a court order.
- (b) As used in this section, "confidential information" means information which has been classified confidential by law.
- (c) Misuse of confidential information is a class A misdemeanor. (§ 6 ch 166 SLA 1978).

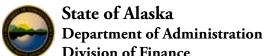
SEC. 39.52.140. IMPROPER USE OR DISCLOSURE OF INFORMATION.

- (a) A current or former public officer may not disclose or use information gained in the course of, or by reason of, the officer's official duties that could in any way result in the receipt of any benefit for the officer or an immediate family member, if the information has not also been disseminated to the public.
- (b) A current or former public officer may not disclose or use, without appropriate authorization, information acquired in the course of official duties that is confidential by law.

SEC. 39.25.080. PERSONNEL RECORDS CONFIDENTIAL; EXCEPTIONS.

- (a) State personnel records including employment applications and examination and other assessment materials, are confidential and are not open to public inspection except as provided in this section.
- (b) The following information is available for public inspection, subject to reasonable regulations on the time and manner of inspection.
 - (1) the names and position titles of all state employees;
 - (2) the position held by a state employee;
 - (3) prior positions held by a state employee;
 - (4) whether a state employee is in the classified, partially exempt, or exempt service.
 - (5) the dates of appointment and separation of a state employee; and
 - (6) the compensation authorized for a state employee.
 - (7) whether a state employee has been dismissed or disciplined for a violation of AS 39.25.160(I)

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REQUEST: AGENCY: EMPLOYEE NAME: DEPARTMENT OF ADMINISTRATION ONLY Please indicate if this employee works in: D98 Personnel DOE Systems Security		ivision of Finance		INFORMA	TION		
PCN: EMPLID NUM: EMPLUSER ID (LDAP/AD): N/A DOF Systems Security CMC DA D W S	REQUEST:	AGENCY:	GENERAL INFORMA EMPLOYEE NAME:		DEPARTMENT OF ADMINISTRATION ONLY Please indicate if this employee works in:		
NIEW ONLY INTERACTIVE USER REPORT DEVELOPER AGENCY ADVOCATE	PCN:	EMPL ID NUM:	EMPL USER ID (LDAP/#	AD):	N/A DOF Systems Security CMC ID		
DATA SOURCE / UNIVERSE IRIS FIN/PRO- Financial / Procurement N/A IRIS HRM- Human Resource Management * DOA-DOF / DOA-DOP&LR-EPIC / LEG AUDIT AKPAY - Legacy Payroll * DOA-DOF / DOA-DOP&LR AKSAS - Legacy Financial UNCLASSIFIED (PUBLIC) — OR— SENSITIVE (CONFIDENTIAL) WORKPLACE ALASKA - Legacy Recruitment DOA-DOP&LR * IRIS HRM and/or AKPAY Data Sources require approval from DOA-DOF Payroll Manager below SIGNATURES Employee I have read the attached Alaska State Statutes that pertain to the disclosure of information acquired in the course of official duties, agree to limit my use of ALDER to state business purposes and to provide stewardship over the information provided to others. Feinformation deemed Sensitive, I am aware that use of confidential information in a manner not connected with the performance of my duties is a class A misdemeanor. I agree not to share my sign on ID and password with other people. PRINTED LEGAL NAME SIGNATURE DATE Agency Appointing Authority / Security Contact Approval			LEVEL OF A	CCESS REQ	UESTED		
IRIS FIN/PRO- Financial / Procurement IRIS HRM- Human Resource Management * DOA-DOF / DOA-DOP&LR-EPIC / LEG AUDIT AKPAY- Legacy Payroll * DOA-DOF / DOA-DOP&LR AKSAS - Legacy Financial UNCLASSIFIED (PUBLIC) OR SENSITIVE (CONFIDENTIAL) WORKPLACE ALASKA - Legacy Recruitment DOA-DOP&LR * IRIS HRM and/or AKPAY Data Sources require approval from DOA-DOF Payroll Manager below SIGNATURES Employee I have read the attached Alaska State Statutes that pertain to the disclosure of information acquired in the course of official duties, agree to limit my use of ALDER to state business purposes and to provide stewardship over the information provided to others. For information deemed Sensitive, I am aware that use of confidential information in a manner not connected with the performance omy duties is a class A misdemeanor. I agree not to share my sign on ID and password with other people. PRINTED LEGAL NAME SIGNATURE DATE Agency Appointing Authority / Security Contact Approval	VIEW	ONLY II	NTERACTIVE USER	REPOR	T DEVELOPER	AGENCY ADVOCATE	
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PRINTED LEGAL NAME SIGNATURE DATE	PRINTED LEGAL NAME			S	GNATURE	DATE	
	Agency Appointing Authority / Security Contact Approval						
DOA-Division of Finance Payroll Manager Approval		PRINTED LEGAL NA	AME	S	GNATURE	DATE	
		D	OA-Division of Finan	ce Payroll	Manager Approv	al	

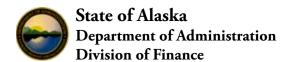
Submit this form to:

SIGNATURE

Page 2 of 5 Email: <u>DOA.DOF.System.Security@alaska.gov</u>

PRINTED LEGAL NAME

DATE

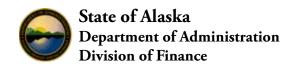


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ALDER USER AFFIDAVIT INSTRUCTIONS

GENERAL INFORMATION	INSTRUCTIONS				
REQUEST	REQUIRED. Select Request Type. • SELECT Add for a new user within a department. • SELECT Update to change the access for a user within a department. Do NOT use Update when the user had access but has changed departments. User IDs are inactivated when a departmental change occurs.				
AGENCY	REQUIRED. SELECT agency/department number.				
EMPLOYEE NAME	REQUIRED. Enter the user's full name.				
PCN	REQUIRED. Enter the user's Position Control Number (PCN).				
EMPL ID NUM	REQUIRED. Enter the user's six-digit employee number (Emp #).				
EMPL USER ID (LDAP/AD)	REQUIRED. Enter the user's LDAP ID (User ID).				
LEVEL OF ACCESS REQUESTED					
4.00F0C F1/F1	INSTRUCTIONS				
ACCESS LEVEL	SELECTION REQUIRED				
VIEW ONLY	 Check this box to enable the user to: Run, refresh, and schedule reports in enterprise, departmental internal, public, favorites, and user's inbox folders. Receive sections of scheduled reports. Change display but not content. 				
INTERACTIVE USER	Check this box to enable the user to have View Only plus: Drag and drop fields onto a report from a list of objects. Change the sort, filter, and add new sections and breaks to a report. Create different views of data (i.e. Charts).				
REPORT DEVELOPER	 Check this box to enable the user to have Interactive User access plus: Create new reports. Perform quality assurance and certify developed department reports prior to being deployed. Develop ad-hoc agency reports. 				
AGENCY ADVOCATE	Check this box to enable the user to have Developer access plus: Responsibility for two-way communication between the department and the ALDER project team. Serve as the first line of help desk support for department ALDER users. Responsibility for maintaining department folder structure within ALDER such as creating and deleting departmental folders, subfolders, and reports.				

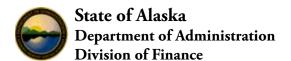
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ALDER USER AFFIDAVIT INSTRUCTIONS

SECURITY REQUESTED						
INSTRUCTIONS						
Select N/A for Data Sources that the user does not need or is ineligible to access.						
DATA SOURCE	DESCRIPTION					
IRIS FIN/PRO (FINANCIAL / PROCUREMENT)	Select this option if the user has a business need to view and report on financial/procurement data from the IRIS Financial/Procurement application.					
(HUMAN RESOURCE MANAGEMENT)	This data source is reserved for Department of Administration, Division of Finance and Division of Personnel and Labor Relations Employee Planning and Information (EPIC), and Division of Legislative Audit staff only.					
Request requires approval by DOA-Division of Finance Payroll Manager or designee	Select this option if the user has a business need to view and report on payroll and human resource data from the IRIS Human Resource Management (HRM) application.					
AKPAY (LEGACY PAYROLL)	This data source is reserved for Department of Administration, Division of Finance and Division of Personnel and Labor Relations staff only.					
Request requires approval by DOA-Division of Finance Payroll Manager or designee	Select this option if the user has a business need to view and report on payroll and human resource data from the AKPAY legacy payroll system.					
AKSAS (LEGACY FINANCIAL)	Select this option if the user has a business need to view and report on accounting and fiscal data from the AKSAS legacy accounting system. Data access is limited to:					
	 Unclassified (Public)- Select this option if the user has a business need to view the majority of financial data from AKSAS. Sensitive (Confidential)- Selection this option if the user has a business need to view SSNs on vendor (PVN) records or have access to details of a warrant that were deemed confidential. 					
WORKPLACE ALASKA (LEGACY RECRUITMENT)	This data source is reserved for HR staff only. Select this option if the user has a business need to view and report on recruitment related data from the WorkPlace Alaska legacy recruitment system, including: • Applicants' Names • Loss of Eligibility Information • Military Service Information • Injured Worker and Layoff Information • Applicant Employment History					

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ALDER USER AFFIDAVIT INSTRUCTIONS

SIGNATURES	INSTRUCTIONS				
EMPLOYEE SIGNATURE					
Printed Legal Name	REQUIRED. Type or print the user legal name legibly.				
Signature	REQUIRED. Signature of the person who will be given access to ALDER. Make certain they have received a copy of the Alaska Statutes regarding disclosure of confidential information before they sign.				
AGENCY APPOINTING AUTHORITY / SECURITY CONTACT APPROVAL SIGNATURE					
Printed Legal Name	REQUIRED. Type or print the Agency Appointing Authority or Security Contact legal name legibly.				
Signature	REQUIRED. Signature of a person designated by the department with Agency Appointing Authority or Security Contact authorization.				
DOA-DIVISION OF FINANCE PAYROLL MANAGER APPROVAL					
Printed Legal Name	REQUIRED IF the data source is IRIS-HRM or AKPAY.				
Signature	REQUIRED IF the data source is IRIS-HRM or AKPAY.				
DISTRIBUTION	INSTRUCTIONS				
Agency	Send the form to the Division of Finance via:				
	Email: doa.dof.system.security@alaska.gov				
	Route slip: MS 0204				
	Or mail to:				
	Dept of Administration, Division of Finance				
	PO Box 110204, Juneau AK, 99811-0204.				
	Division of Finance notifies the ALDER Authorized Security Contact, Agency Advocate, and the user by email when access to ALDER has been provided.				

NOTE: Scanned copies must be legible. Illegible forms will be returned and requested again.

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