

Pierce County Finance and Performance Management District Workday User Request Form

District Name: _____ Date: _____

Mailing Address: _____ Phone: _____
 _____ Fax: _____

Authorized by: _____ Date: _____

Title: _____

Action	User Name	Email Address	Phone	Comments
____ ADD ____ DELETE				
____ ADD ____ DELETE				
____ ADD ____ DELETE				
____ ADD ____ DELETE				
____ ADD ____ DELETE				

When submitting this request to ADD new user access, Exhibit B (page 2) is required to complete your request.

E-mail completed form(s) to workdayfinancials@piercecountywa.gov

NOTES:

Please be sure to mark the following emails as safe to eliminate them from appearing as spam:

- pctreasury@piercecountywa.gov
- workdayfinancials@piercecountywa.gov

Each District is provided two users free of charge. Monthly subscription rates apply to each additional user and will be billed to the District by Pierce County's Information Technology Division.

EXHIBIT B

PIERCE COUNTY COMPUTER NETWORK AND INFORMATION SECURITY ACCESS AGREEMENT for Contractors, Volunteers and External Agency Employees.

Access to the Pierce County Network has been provided to you so you may complete specific activities related to your job duties or contractor agreement. Any use beyond what is agreed upon and described in your duties/contract is not allowed. Security will be in place to limit your activities on the network. By signing this agreement, you state that you will not attempt to access information or services not meant to be available to you on the Pierce County network as described in your assigned duties. If you are granted remote access, you agree to not allow any other individual to use your two factor authentication to access Pierce County systems.

You also agree to safeguard any passwords provided to you to access Pierce County systems. You must configure your access to the Pierce County network so that a password must be typed in each time you access the system(s). You cannot share this password with anyone else. Log out of Pierce County systems whenever you cease working on the system or whenever you are away from your computer. For most users, password aging is not enabled, meaning you may not be required to change your password on a routine basis. However, you agree to change your password whenever there is a possibility that your password has been compromised and could be used by someone else.

You are responsible for any damage caused by actions you take in relation to the Pierce County network that are outside of those described in your duties/contract.

You are to use the utmost discretion in preserving the confidential nature of any information you are authorized to access. Information is to be obtained for authorized purposes ONLY. Obtaining any information for personal use is prohibited; this includes looking up information in any of the computer databases for personal use. You may not observe, obtain, nor ask another person to obtain confidential information for personal reasons. "Confidential information" includes (1) information that has been obtained under governmental authority and which is prohibited by law from being disclosed to the public, as well as (2) information which Pierce County or its agencies, officers or agents have a legal duty and/or privilege not to disclose or which is otherwise not available to the public. You shall not disclose confidential information without County authorization. Releasing information may be in violation of the laws of the State of Washington, for example a violation of the provisions of the Criminal History Privacy Act (RCW 10.97) shall constitute a misdemeanor and may result in criminal prosecution. When in doubt, be discreet, and talk with your Pierce County supervisor/contact. It is better to err on the side of caution than on the side of carelessness.

I have read and understand the above policy regarding computer network access and confidential information and have received a copy of the same.

Agency/Employer Name: _____

User Information: (ALL FIELDS REQUIRED**)**

First Name:																		Middle Initial:	
Last Name:																			
Office Phone:			-			-				Ext:									
Email Address:																			

User Signature: _____ Date: _____

Pierce County Authorized by (Printed name): _____

Pierce County Authorized by (Signature): _____ Date: _____

(Please route to ITSystemAdmin, IT-Broadway Building, after authorizing signature obtained)

Information Technology Internal Use Only:

PhoneFactor

Login Name Assigned

PERSON ID

Systems Accessed