



Personally Identifiable Information Sign-Off Form

PII Policy #P-3-3.22

By signing this form, I attest that I have reviewed and acknowledged SCPa Works' Personally Identifiable Information Policy and Procedures and agree that all necessary steps will be taken to ensure the privacy and confidential nature of all personally identifiable information to protect such information from unauthorized disclosure.

I further agree to ensure that all personally identifiable information will be stored in an area that is physically safe from access by unauthorized persons at all times. I will consistently ensure that personally identifiable information will be managed with appropriate information technology (IT) services and at designated locations.

I agree that access to any personally identifiable information through WIOA Title I program and grant activity will be restricted to only those individuals who need access in their official capacity to perform duties in connection with the designated scope of work.

Statement of Receipt:

This signature page serves as the federal and state required record of PII communication and explanation.

I hereby certify that I have received, read and understand the PII procedures for all programs provided within South Central Pennsylvania service region and acknowledge so with my signature below.

Staff Name:

Staff Signature:

Date:
