South Central WORKFORCE Investment Board

CONFIDENTIALITY FORM

Effective: April 23, 2024
Subject: Confidentiality Policy

South Central Workforce Investment Board (SCWIB) of Directors members, committees, and individuals or businesses which have entered into information-sharing agreements and/or arrangements are subject to this policy, and are required to sign an acknowledgement and agreement to this policy.

Information obtained in the course of SCWIB's activities, shall be kept in confidence unless

(1) Written permission to release the information has been received by/from the person(s) involved,

(2) The information is required by law to be made available to the public upon request, (3) The information is required by law to be disclosed to a third party, or

(4) The information is relevant to be disclosed according to the applicable provisions of the SCWIB Bylaws and the Division of Workforce Development policies.

Confidential information shall not be used for monetary gain or business advancement.

Nothing in the above statements shall be interpreted in such a way as to impair a member of the Board of Directors in the discharge of the duty to communicate as set forth throughout the Bylaws. It shall be the responsibility of the Executive Director of SCWIB to comply with any federal, state, or provincial written requests for information by an applicable governmental body.

This policy supersedes all previous confidentiality policies.

Agreement and Acknowledgement

I affirm that I shall be bound by the above confidentiality policy of the South Central Workforce Investment Board (SCWIB). I understand that in my official capacity I may not reveal any information I receive to any other person. I recognize that the violation of this agreement by the improper use or disclosure of confidential information may expose me to legal action and the imposition of monetary damage if found liable.

Agreed and acknowledged by:

Name: _____
      Please Print

Signature: _____ **Date:** _____

Status: Check all the box(es) applicable to you.
☐ Board of Directors Member
☐ Committee Member, Committee Name(s): _____
☐ Sub-Contractor/Vendor Name(s): _____
☐ SCWIB Staff