



## 2009 SALARY & BENEFITS SURVEY ONLINE ACCESS REGISTRATION

Name: \_\_\_\_\_ County: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please check one:**

- |  |   |
|--|---|
| <input type="checkbox"/> Commissioner/Council Member | <input type="checkbox"/> Human Resources/Personnel Director or designated staff |
| <input type="checkbox"/> Chief Clerk                 | <input type="checkbox"/> Human Service Staff                                    |
| <input type="checkbox"/> County Administrator        |   |

### USER AGREEMENT

1. My ID and password is equivalent to my LEGAL SIGNATURE and I will not disclose this information to anyone, or allow anyone to access the system using my password.
2. I am responsible and accountable for all queries made and all retrievals accessed under my ID and password.
3. Any data available to me will be treated as confidential information.
4. I will not attempt to learn or use another's password.
5. I will not access the on-line system using an ID and password other than my own.
6. If I have reason to believe that the confidentiality of my password has been compromised, I will immediately notify CCAP.
7. I will not access or request any information that is not necessary for the performance of my job.
8. I will not leave an online application unless it is secured (or locked out) to the extent that no one else will be able to access, use, or view the data.
9. I agree that disclosure of confidential information is prohibited indefinitely, even after the termination of employment or the business relationship.

I have read and understand this entire user agreement and agree to abide by it. I understand that if I violate any of the above terms, my user ID and password may be revoked by CCAP.

User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAX to (717) 526-1020, Attn: Julia Jackson**