



ACKNOWLEDGEMENT OF CHICAGO TRANSIT AUTHORITY CONFIDENTIALITY REQUIREMENTS AND POLICY

I acknowledge that, as an employee of the Chicago Transit Authority, I may have the opportunity to access or gain knowledge of non-public information. Non-public information may be made known to, or learned by, me via various sources including but not limited to, electronic media, interoffice communications, internal publications, and verbal interactions.

I acknowledge the confidential nature of non-public information regarding, Chicago Transit Authority employees, customers, vendors, contractors, and other members of the Chicago Transit Authority community. Consistent with all applicable laws, policies and guidelines, I will respect and safeguard the privacy of members of the Chicago Transit Authority community and the confidential nature of their information.

I further acknowledge that making this non-public information known or available to others who do not have a legal right to that information may violate federal and state laws, and Chicago Transit Authority policies. Without limiting the general nature of this Confidentiality Agreement, I agree that I will not, during or after my employment at the Chicago Transit Authority:

1. Access employee, customer, vendor, or contractor records/information not necessary to carry out my job responsibilities and without proper authorization;
2. Provide access to employee, customer, vendor, or contractor records/information to an unauthorized individual/agency;
3. Release, make known or provide employee, customer, vendor, or contractor information to an unauthorized internal or external individual/agency;
4. Release make known or provide more employee, customer, vendor, or contractor information to an authorized individual/agency than is essential to meeting the stated purpose of an approved request for information.

If in the course of executing my job responsibilities, I accidentally access information that others might consider inappropriate for me to access, I will notify my supervisor of the date, time and nature of the access. My supervisor will address that situation as warranted.

I acknowledge the receipt of my IDs and Passwords. I understand that passwords are the equivalent of my signature. I understand that I will only access information that is required for me to perform my assigned job responsibilities. I understand that any inappropriate use or misuse of my IDs and/or Passwords can and may subject me to discipline, up to and including discharge.

Under certain circumstances, disclosure or unauthorized access of personal and/or confidential information may be punished as a criminal offense. Also, I understand and agree that a violation of any portion of these Confidentiality Requirements and Policy renders me subject to discipline, up to and including discharge.

By signing this Acknowledgement of Confidentiality Requirements and Policy, I acknowledge that I have read and understand these Requirements and Policy.

Employee's Signature

Date

Print Employee's Name