Workplace Alaska
Hiring Manager System Access Form

Action: ☐ Change ☐ Delete ☐ New

Reason for Change: ☐ Re-Activate ☐ Transfer ☐ Other: _____

Type: ☐ Hiring Manager ☐ HR Staff

Name: _____

Work Phone Number:_____

Email Address: _____

I understand that records/reports which I will have access to will contain confidential information which is protected from public disclosure by AS 39.25.080, and by Personnel Rule 2 AAC 07.910. Furthermore, I realize AS 39.25.900 provides that a willful violation of the confidentiality requirements constitutes a misdemeanor and that upon conviction I must forfeit my State position.

I certify the confidential records I will have access to will be used for official business purposes only, and I will not release the records or their contents without the written approval of the Director of Personnel.

I agree to protect all information from public disclosure that is not designated as public information by AS 39.25.080.

Signature: _____ **Date:** _____
Hiring Manager

Department: _____

Division: _____

***Workplace Alaska* Training Date:** _____

Signature: _____ **Date:** _____
Human Resource Manager