

Workplace Alaska

System Access Form

Action: New Delete Change *(select reason below)

***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 & Labor Relations.

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: _____

OR

Academy for Supervisors (AFSU) Training Date: _____

**Return to: Dept. of Administration – Division of Personnel & Labor Relations
Statewide HR Operations – MS 0201
PO Box 110201
Juneau, AK 99811-0201
Fax: (907) 465-2576**