



# MATHIS INDEPENDENT SCHOOL DISTRICT

## CONFIDENTIALITY AND USE OF INFORMATION AGREEMENT – BUSINESS STAFF

The Administration Office works with various students, parents, employees, vendors, departments, and schools throughout the District, City, County, State and Nationally. The work performed by this office is very sensitive; therefore, a high level of trust must be maintained between the Administration Office and the employees of the district. Employees should feel very comfortable in discussing issues with the Administrative staff and know that these issues would only be discussed with appropriate management, as appropriate.

Any and all information related to the work performed by the Administration should be kept confidential. This information should only be discussed with the employee, vendor, administrative supervisor, or Superintendent, as appropriate.

Among the most critical information is documentation related to employee's Personally-Identifiable Information (PII) such as health, benefits, financial, family members, or other personal information. Violators will be subject to discipline, employment termination, and/or may be reported to the appropriate legal authorities. Violations of some protected information, such as health or medical information, is also protected by federal laws, such as HIPPA.

Each Administrative office staff member is authorized to access specific district's financial and/or payroll system(s) for job-related purposes only. Use of the systems for personal reasons/benefit, or mere curiosity, is strictly prohibited. If an Administrative staff member is able to access information that he/she believes to be restricted from his/her access, he/she shall not gain access or view the information and shall immediately report the security breach to the Finance Officer and Superintendent.

I have read the above statements and I agree to keep any and all information related to the work performed by me confidential. I will only discuss this information with the individuals mentioned above, as appropriate. I will not add, change or delete information without proper authorization nor will I view or use information that I can access for personal reasons or curiosity. I understand that violation of this agreement could result in disciplinary action, up to and including termination.

All Administrative Staff shall sign a Confidentiality Agreement on an ***annual basis***.

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Employee (Signature)

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Employee (Printed Name)

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Employee Campus, Grant or Division

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Date