

## Annex 2

### State Wage Interchange System (SWIS)

#### *Acknowledgement of Confidentiality Requirements and Restrictions*

*Note: This signed acknowledgement is returned to ETA*

In accordance with Section VIII of the SWIS Data Sharing Agreement (SWIS Agreement), which sets out the Responsibilities of the Parties, the names and signatures of everyone who will have access to Wage Data, personally identifiable information (PII) from Education Records, or Personal Information from Vocational Rehabilitation (VR) Records, including PACIA or SUIA employees, contractors, or agents properly authorized by the PACIA or SUIA to use the SWIS Clearinghouse in accordance with the provisions of Sections VI, VIII, and XI of the SWIS Agreement appear below. All authorized PACIA or SUIA employees, contractors, or agents below acknowledge their understanding of:

- the confidential nature of SWIS data, including Wage Data, PII from students' Education Records, and personal information in the possession of VR agencies received through the SWIS Agreement;
- the standards for the handling of such data as discussed in Sections VI, VIII, and XI of the SWIS Agreement, the SWIS Agreement/FERPA Written Agreement incorporated by reference therein, and any Supplemental FERPA Agreement(s) incorporated by reference therein; and
- their obligation to comply with such standards in carrying out their responsibilities under the SWIS Agreement.

All authorized PACIA or SUIA employees, contractors, or agents listed below attest that they:

- have been provided a copy of the SWIS Agreement, the SWIS Agreement/FERPA Written Agreement, and any Supplemental FERPA Agreement(s) incorporated by reference into the SWIS Agreement;
- have reviewed the SWIS Agreement and the other agreements incorporated therein; and
- agree to comply with the applicable standards contained in the SWIS, and the other agreements incorporated therein, in carrying out their SWIS- related duties.

**Electronic Submission.** Please electronically deliver the signed Acknowledgement of Confidentiality to ETA via e-mail at: [SWIS@dol.gov](mailto:SWIS@dol.gov). Signed Word documents are *not* acceptable. Digital signatures and scanned or electronic documents are acceptable.

*Annex 2 Form (Part I)*

<b>Completed by PACIA or SUIA Point of Contact</b>	
<b>State:</b>	
<b>SUIA or PACIA Agency:</b>	
<b>SUIA or PACIA Contact Name:</b>	
<b>SUIA or PACIA Contact Title:</b>	
<b>Business Unit:</b>	
<b>Mailing Address:</b>	
<b>Telephone:</b>	
<b>Email Address:</b>	
<b><u>Signature of SUIA or PACIA Contact:</u></b>	
<b>Date:</b>	

**Please note: Signatures of employees, contractors, or agents begin on next page.**

**Annex 2 Form (Part II)**

<b>Completed by PACIA or SUIA staff, contractors, or agents who have access to individual level Wage Data from SWIS.</b>	
<b><u>Employee Signature:</u></b>	
<b>Date signed:</b>	
<b>Employee Name (<i>Please print</i>):</b>	
<b>Employee's Title:</b>	
<b>Employee's Business Unit:</b>	
<b>Employee's Supervisor:</b>	
<b>Title and Business Unit of Supervisor:</b>	
<b>Email of Supervisor:</b>	
<b>Phone Number of Supervisor:</b>	
<b>Is the Employee a staff member of the State SUIA?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>or a State PACIA?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the individual an employee of the State, a contractor, or agent?</b>	<input type="checkbox"/> State <input type="checkbox"/> Contractor <input type="checkbox"/> Agent
<b>Employee's work location:</b> <i>(Agency Name)</i> <i>(Building or floor or suite #)</i> <i>(Street)</i> <i>(City), (State) (Zip)</i>	
<b>Employee Phone Number:</b>	
<b>Employee Email Address:</b>	
<b>Does the employee require ETA-approved individual credentials to access the password-protected SWIS Clearinghouse PACIA portal?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

*(Please print as many Acknowledgement pages as needed. Thank you.)*