

DEPARTMENT OF TRANSPORTATION

CONFIDENTIALITY AGREEMENT

I understand that in the course of my employment with the Colorado Department of Transportation, I will receive or become aware of business and personnel information that is sensitive or confidential. Sensitive and confidential information includes but is not limited to employee personal information, contents of personnel and investigation files, employee medical and health records, and test and testing documentation. This information may be written, electronic, or verbal and come from a variety of sources. I understand that I am not to access sensitive or confidential information unless it is necessary in order for me to complete my job responsibilities. I further understand that this policy applies to information I may inadvertently hear or see that does not directly involve me in an official capacity.

I acknowledge that I must protect, assure the integrity, and maintain the confidentiality of information and documents shared with me. I understand that in the performance of my duties I may be requested to provide sensitive or confidential information to others. I agree to hold in confidence and to not disclose any sensitive or confidential information to any person, including employees of state, federal or local governments, except to those who have an official business reason for the information. Should I have questions regarding the proper handling and disclosure of confidential or sensitive information, I will immediately notify my supervisor or manager for further clarification and direction prior to releasing the information.

If I willfully and knowingly disclose sensitive or confidential information in any manner to any person or agency not entitled to receive the information, I understand that I may be subject to adverse action, including corrective or disciplinary action, or in some cases, personal liability.

I acknowledge that I have read, understand, and will adhere to the above requirements with respect to sensitive or confidential information.

Employee Signature: _____ Date: _____

Printed Name: _____ Employee CDOT Pern # _____

Supervisor Signature: _____

Supervisor Printed Name: _____

Original to official employee file