National Institutes of Health
Office of the Director Executive Office

SECURITY STATEMENT

Visual Employee Data System (VEDS)

The ***Visual Employee Data System (VEDS)*** is a software application that permits users to view sensitive human resource data and generate reports. Access is limited to only those users who have an official need to use this information and understand the confidentiality requirements regarding such information.

Employee Name: _____
Organization:_____
Building & Room #: _____
Telephone #: _____

Each user must sign the Security Statement below:

I understand that information contained in the ***Visual Employee Data System (VEDS****) is protected by the Privacy Act. I am requesting access to this information in order to carry out my professional agency duties. I agree that the data will be used only for authorized purposes. I agree to safeguard this information and restrict further access to only those individuals with an official need to know. I understand that if I fail to comply with these requirements, I am subject to disciplinary/adverse action as well as possible criminal penalties.*

Employee Signature: _____Date: _____

Program Official/Supervisor's Certification:

I authorize the above named employee to have access to human resource information regarding employees in _____*(*name of organization). *This information is needed by this employee to carry out his/her official duties. I agree to monitor the employee's use of this information to ensure it complies with requirements of the Privacy Act .*

Program Official/Supervisor's Signature _____
Date: _____

Please return form to Deepak Mathur, OD Budget Office, Bldg. 2, Room 1E16E, 301.594.8262