EDD Employment Development Department State of California Logo

# Data Disclosure Questionnaire

1. Date of Questionnaire Completion or Revision: Date

This document will be used to review the legal authority for the request of confidential information maintained by the Employment Development Department (EDD). Answer all questions and provide contact information as requested below.

## Instructions

Refer to the *Instructions for Completing the Data Disclosure Questionnaire* (DE 668).

1. **Select from one of the following.**

New Contract

Contract Renewal Current Contract Number: **Select here to enter text.**

Any changes to the prior contract?  Yes  No

List areas requiring changes:

|  |
| --- |
| Select here to enter text. |

Contract Amendment Current Contract Number: **Select here to enter text.**

Any changes to the prior contract?  Yes  No

List areas requiring changes:

|  |
| --- |
| Select here to enter text. |

1. **Select the appropriate exchange category.**

One-way Data Exchange: the requesting agency will receive data from the EDD.

Two-way Data Exchange: the requesting agency will provide a tickler file to the EDD for use in a match process, and the EDD will provide output data.

Two-way Data Exchange: both the requesting agency and the EDD will exchange data.

1. **Requesting agency information**

| **Agency** | **Agency Requesting Contract With the EDD** |
| --- | --- |
| Agency Name | Select here to enter text. |
| Address | Select here to enter text. |
| City, State, ZIP Code | Select here to enter text. |

1. **What is the business need and/or justification for this request?**

|  |
| --- |
| Select here to enter text. |

1. **How will the data be utilized?**

|  |
| --- |
| Select here to enter text. |

1. **Legal authority. What federal or state statutes allow the EDD and/or your agency/company to exchange information?**

|  |
| --- |
| Select here to enter text. |

1. **What specific data elements are being requested?   
   If applicable, what data elements will be provided to the EDD and how many records will be contained in each request?**

|  |
| --- |
| Select here to enter text. |

1. **Will the data be re-disclosed?**

|  |
| --- |
| Select here to enter text. |

1. **For what time-period(s) or actual quarters is the data needed?**

|  |
| --- |
| Select here to enter text. |

1. **What is the requested start date of the exchange?**

Start of Next Fiscal Year: July 1, **Year**

Custom Date: **Date**

1. **What is the desired length of the Data Sharing Agreement (DSA)? Select one.**

One-Time Request

1 Year DSA

2 Year DSA

3 Year DSA (maximum length of contract)

Other: **Select here to enter text.**

1. **How frequently is the data needed?   
   Based on the frequency, how many requests will be submitted?**

|  |
| --- |
| Select here to enter text. |

1. **When will the need for the data expire?   
   How long is the intended need and use of the data?**

|  |
| --- |
| Select here to enter text. |

1. **What method will be used to access the EDD confidential information?   
   How will the request/data file be transmitted to the EDD?**

|  |
| --- |
| Select here to enter text. |

1. **What are the consequences of not receiving the data?**

|  |
| --- |
| Select here to enter text. |

1. **Points of Contact:**

| **Agency Requestor** | **Individual Requesting Contract With the EDD** |
| --- | --- |
| Name | Select here to enter text. |
| Title | Select here to enter text. |
| Contact Number | Select here to enter text. |
| Email Address | Select here to enter text. |
| Address | Select here to enter text. |
| City, State, ZIP Code | Select here to enter text. |

| **Contract Negotiator** | **Individual Negotiating Contract and Point of Contact** |
| --- | --- |
| Name | Select here to enter text. |
| Title | Select here to enter text. |
| Contact Number | Select here to enter text. |
| Email Address | Select here to enter text. |
| Address | Select here to enter text. |
| City, State, ZIP Code | Select here to enter text. |

| **Contract Signatory** | **Individual Authorized to Enter Into Contract With the EDD** |
| --- | --- |
| Name | Select here to enter text. |
| Title | Select here to enter text. |
| Contact Number | Select here to enter text. |
| Email Address | Select here to enter text. |
| Address | Select here to enter text. |
| City, State, ZIP Code | Select here to enter text. |

| **Contract  Accounts Payable** | **Individual Responsible for Invoices** |
| --- | --- |
| Name | Select here to enter text. |
| Title | Select here to enter text. |
| Contact Number | Select here to enter text. |
| Email Address | Select here to enter text. |
| Address | Select here to enter text. |
| City, State, ZIP Code | Select here to enter text. |

| **Information Technology Analyst** | **Individual Responsible for File Transfers and Technical Issues** |
| --- | --- |
| Name | Select here to enter text. |
| Title | Select here to enter text. |
| Contact Number | Select here to enter text. |
| Email Address | Select here to enter text. |
| Address | Select here to enter text. |
| City, State, ZIP Code | Select here to enter text. |

| **Privacy and Disclosure Coordinator** | **Individual Responsible for the Handling of Confidential Data Within Requesting Agency** |
| --- | --- |
| Name | Select here to enter text. |
| Title | Select here to enter text. |
| Contact Number | Select here to enter text. |
| Email Address | Select here to enter text. |
| Address | Select here to enter text. |
| City, State, ZIP Code | Select here to enter text. |

| **Information Security Officer** | **Individual Responsible for the Security, Destruction, and Handling of EDD Confidential Data** |
| --- | --- |
| Name | Select here to enter text. |
| Title | Select here to enter text. |
| Contact Number | Select here to enter text. |
| Email Address | Select here to enter text. |
| Address | Select here to enter text. |
| City, State, ZIP Code | Select here to enter text. |