**State of New York Department Of Labor** Building 12, Room 509

Governor W. Averell Harriman

State Office Building Campus

Albany, New York 12240

**Application for Unemployment Insurance and/or Wage Reporting Data**

PLEASE COMPLETE EACH QUESTION.

Note: This Application may be completed by an Agency or by an Organization acting on behalf of an Agency. There may be a charge to cover the cost of providing the data to your Organization/Agency.

1.

(Requester Organization/Agency Name) (Address)

is requesting the following unemployment insurance and/or wage reporting records from the New York

State Department of Labor (NYSDOL) (specify the category of records being requested. It is possible to indicate more than one. Please check as many as apply):

individually identifiable information (data that may disclose identifying information about specific individuals or employers)

de-identified information (individual level data stripped of identifiers or any other information which could result in a record becoming individually identifiable)

aggregate data (data provided in aggregated cells which cannot identify specific individuals or employers)

2. If your organization is requesting records as the agent or contractor of a governmental agency, specify the name and address of the agency on whose behalf you are acting. Attach documentation from the agency indicating that your organization is acting on the agency’s behalf and that the agency will enter into a data sharing agreement with DOL if the request is approved.

3. Specify the data being requested and identify the data elements being requested. Attach additional pages as needed. Note: The format of the “request file” that your organization will provide to NYSDOL in order to conduct any data match must be a comma separated value file. In addition, if you are requesting an unemployment insurance and/or wage reporting data match for individuals, you must provide NYSDOL with a file containing the social security number of all individuals for whom data is being requested in a secure manner. DOL will not conduct data matches based upon name or a partial social security number.

Requester represents that:

4. It requires the requested records for government purposes to carry out responsibilities under (specify the name of the law or regulation):

5. The name of the project for which the records are required is

6. The purpose (s) for which the records are required is (are):

Evaluation of program performance including, but not limited to, longitudinal outcome analysis to the extent permitted by federal law;

Financial or other analysis required by federal, state, or local law or regulation (include the law or regulation in question number 4 above)

Preparation of reports required by federal, state, or local law or regulation (include the law or regulation in question number 4 above)

Operation of public programs by federal, state or local governmental agencies or their agents, contractors and subcontractors for the purpose of improving the quality or delivery or program services or to create operational efficiencies

Establishment of a common case management systems between federal, state or local agencies delivering or supporting workforce services for a shared customer base for the purpose of fostering workforce partnerships, program coordination, inter-agency collaboration, improving program services, or creating operational efficiencies

Other (be specific)

7. The use (s) that will be made of the information obtained from the records is (are)

8. The records will be used only during the period starting: , **20** and ending , **20 .**

If you will need access to the requested information on an ongoing basis, please provide additional information justifying the duration of the request.

9. Adequate safeguards and procedures are required to protect the confidentiality of the records and information and to limit their dissemination only to authorized individuals as necessary for their work on the project, as described below. Attach additional pages or a copy of your Organization/Agency’s data security and confidentiality procedures to protect the records and information disclosed:

(description of safeguards and procedures)

10. Please provide the name and/or position of the authorized individuals who will have access to the records and information. Specify if any of the authorized individuals listed above are a contractor or agent involved in the project for which the records are requested. You may attach a separate list if necessary.

Name: Position with Requester:

11. Do you intend to further disclose the records and information requested to any individual or entity other than the authorized individuals listed above? If so, please specify.

Name Organization/Title Records to be Disclosed Purpose of Disclosure

12. Specify how long your Organization/Agency intends to retain the data. Give specifics regarding your plan to dispose of (i.e. destroy) the records and information once the purpose for which the data was disclosed is served.

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13. Specify how frequently you are requesting this information (e.g., one time request; annually; quarterly, monthly etc.).

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14. Specify whether your organization’s file transfer capabilities include data encryption in transit and at rest (PGP) and data transport via a secure file transfer (SFTP) or HTTPS.

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15. Requester’s designated contact for purpose of this Application and any additional information or clarification required is:

Requester’s Name (Print) and Title

Requester’s Name (Signature)

Date

Contact Information

Address:

Phone

Email:

16. If your Organization/Agency’s Application is approved, a data sharing/confidentiality Agreement establishing the terms and conditions under which data will be disclosed will be required. Unless otherwise indicated below, the above contact will also serve as the Agreement contact, the billing contact (if there is a charge to provide the data), and the audit contact for purposes of any DOL data security/confidentiality compliance review, audit or on-site monitoring visit..

Note: Where the disclosure is to the agent or contractor of a governmental agency, the data sharing agreement will be between DOL and the governmental agency on whose behalf the agency or contractor will obtain the information.

Agreement Contact: Billing Contact

(Print) Name, Title and Organization/Agency (Print) Name, Title and Organization/Agency

Name (Signature) Name (Signature

Date

Date \_

Contact Information Contact Information:

Address:

Address: \_\_\_

Phone

Phone: \_

Email:

Email: \_\_ \_\_

Audit Contact

(Print) Name, Title and Organization/Agency

Name (Signature)

Date

Contact Information

Address:

Phone

Email: