

JJOLT PROFILE/SECURITY AGREEMENT

Michigan Department of Human Services

INSTRUCTIONS: Section I - To be completed by user's Supervisor and JJOLT security officer.
Section II - To be completed by the user.

NOTE: Mandatory Information Required for Processing - Fields Shown in *Italics*.

SECTION I: SECURITY PROFILE

ADD/NEW **CHANGE/RESET** **INACTIVATE**

<i>1. Employee ID or Social Security Number</i>	<i>2. User Name (Last, First, MI)</i>	<i>3. Email Address</i>	
<i>4. Security Level</i>			
<input type="checkbox"/> <i>Supervisor</i> <input type="checkbox"/> <i>Worker</i> <input type="checkbox"/> <i>Clerical</i>			
<i>5. User Access Areas Needed (select all that apply)</i>		Add	Approve
<input type="checkbox"/> Detention		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Education		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Residential Treatment, IR's, Reports		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> JJ Assignment Unit		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Interstate Compact for Juveniles		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medical		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> JJS worker		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Probation		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foster Care		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Non-DHS Intake		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Care Fund & Court		<input type="checkbox"/>	<input type="checkbox"/>
<i>8. Work Location Name and Street Address</i>		<i>9. Telephone Number</i> ()	
<i>10. City</i>	<i>11. State</i>	<i>12. Zip Code</i>	<i>13. FAX Number</i>
<i>14. Mailing Address (If different from work location address)</i>			
<i>15. City</i>	<i>16. State</i>	<i>17. Zip Code</i>	<i>18. Supervisor's E-Mail</i>

New User Applications send original documents with signatures to: JJOLT Security Administrator, Bureau of Juvenile Justice, Department of Human Services, 235 S. Grand Ave., Suite 403, Lansing, MI 48933

Questions regarding JJOLT or this document, please contact the help desk at 517-335-3537

Supervisor's Certification: By signing this document, I certify that the above employee needs access to the requested application status in order to perform his/her job. I also certify that I understand the functions of the operator status that I am requesting for the above employee.

<i>19. Supervisor's Signature</i>	<i>20. Date</i>	<i>21. Title</i>	<i>22. Telephone Number</i> ()
<i>23. Security Coordinator's Signature</i>	<i>24. Date</i>	<i>25. Assigned Security Groups</i>	<i>26. Telephone Number</i> ()

SECTION II: SECURITY AGREEMENT

As a user of the State of Michigan Department of Human Services, Juvenile Justice OnLine Technology System (JJOLT), I accept and agree to the following:

1. To comply with the State of Michigan Computer Crime Law, Public Acts 1979-53.
2. To use the Juvenile Justice OnLine Technology System to perform my job functions to the exclusion of all other users.
3. To safeguard and not divulge confidential information obtained from the JJOLT access issued to me.
4. To keep confidential the JJOLT user name and I.D. given to me and the password/security answer created by me.
5. To report to the JJOLT System Administrator or Security Administrator any threat of violations of JJOLT security.

I have read the above security agreement. I understand it, and I agree to comply with its contents. Further, I understand any violation of its contents may result in termination of access privileges and/or recommendations for prosecution. I have reviewed the Public Acts 1979-53 information on the reverse side of this document.

<i>27. Employee Signature</i>	<i>28. Date</i>	<i>29. Title</i>	<i>30. Telephone Number</i>
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AN ACT to prohibit access to computers, computer systems, and computer networks for certain fraudulent purposes; to prohibit intentional and unauthorized access, alteration, damage, and destruction of computers, computer systems, computer networks, computer software programs, and data; and to prescribe penalties.

PUBLIC ACTS 1979 - No. 53

The People of the State of Michigan enact:

752.791 Meanings of words and phrases. [M.S.A. 28.529(1)]

Sec. 1. For the purposes of this act, the words and phrases defined in sections 2 and 3 have the meanings ascribed to them in those sections.

752.792 Definitions; A to C. [M.S.A. 28.529(2)]

Sec. 2. (1) "Access" means to approach, instruct, communicate with, store data in, retrieve data from, or otherwise use the resources of, a computer, computer system, or computer network.

(2) "Computer" means an electronic device which performs logical, arithmetic, and memory functions by the manipulations of electronic or magnetic impulses, and includes input, output, processing, storage, software, or communication facilities which are connected or related to a device in a system or network.

(3) "Computer network" means the interconnection of communication lines with a computer through remote terminals, or a complex consisting of 2 or more interconnected computers.

(4) "Computer program" means a series of instructions or statements, in a form acceptable to a computer, which permits the functioning of a computer system in a manner designed to provide appropriate products from the computer system.

(5) "Computer software" means a set of computer programs, procedures, and associated documentation concerned with the operation of a computer system.

(6) "Computer system" means a set of related, connected or unconnected, computer equipment, devices, and software.

752.793 Definitions; P to S. [M.S.A. 28.529(3)]

Sec. 3. (1) "Property" includes financial instruments; information, including electronically produced data; computer software and programs in either machine or human readable form; and any other tangible or intangible item of value.

(2) "Services" include computer time, data processing, and storage functions.

752.794 Prohibited access to computer, computer system, or computer network. [M.S.A. 28.529(4)]

Sec. 4. A person shall not, for the purpose of devising or executing a scheme or artifice with intent to defraud or for the purpose of obtaining money, property, or a service by means of a false or fraudulent pretense, representation, or promise with intent to, gain access to or cause access to be made to a computer, computer system, or computer network.

752.795 Gaining access to, altering, damaging, or destroying computer, computer system or network, software program, or data. [M.S.A. 28.529(5)]

Sec. 5. A person shall not intentionally and without authorization, gain access to, alter, damage, or destroy a computer, computer system, or computer network, or gain access to, alter, damage, or destroy a computer software program or data contained in a computer, computer system, or computer network.

752.796 Violations. [M.S.A. 28.529(6)]

Sec. 6. A person shall not utilize a computer, computer system, or computer network to commit a violation of section 174 of Act No. 328 of the Public Acts of 1931, as amended, being section 750.174 of the Michigan Compiled Laws, section 279 of Act No. 328 of the Public Acts of 1931, being section 750.279 of the Michigan Compiled Laws, section 356 of Act No. 328 of the Public Acts of 1931, as amended, being section 750.356 of the Michigan Compiled Laws, or section 362 of Act No. 328 of the Public Acts of 1931, as amended, being section 750.362 of the Michigan Compiled Laws.

752.797 Penalties. [M.S.A. 28.529(7)]

Sec. 7. A person who violates this act, if the violation involves \$100.00 or less, is guilty of a misdemeanor. If the violation involves more than \$100.00, the person is guilty of a felony, punishable by imprisonment for not more than 10 years, or a fine of not more than \$5,000.00, or both.

Approved July 11, 1979.

JJOLT PROFILE/SECURITY AGREEMENT INSTRUCTION SHEET

- FIELD 1:** **Employee ID or Social Security Number:** enter 9 digit social security number e.g. (XXX-XX-XXXX) for employee or unique employee id used in work place (verification from employer may be required).
- FIELD2:** **Employee Name:** enter Last Name, First Name and Middle Initial, if known for the employee.
- FIELD 3:** **Email Address:** enter unique email address for this user
- FIELD 4:** **Security Level:** enter security level for the employee. Supervisors approve documents i.e program managers, court administrators, facility directors, judges etc. Workers may include group leaders, county child care fund staff, financial staff, court intake staff, detention intake, JJAU, private agency treatment leaders etc. Clerical or Administrative support staff may be doing data entry or running reports only. **Some users may both be entering information and have approval rights.**
- FIELD 5:** **User Access Areas Needed:** Select all the areas that apply and whether you'll be adding information or just approving information.
- FIELD 6:** **Access to the following counties:** in courts that cross multiple counties or DHS offices that have dual county responsibilities, please note all counties to ensure that the security allows access to all counties.
- FIELD 7:** **Other duties:** If something else is needed that is unclear from #5, please describe here.
- FIELD 8:** **Work location name and street address:** enter Court or Provider name and street address
- FIELD 9:** **Telephone number:** enter the telephone number for this employee.
- FIELD 10:** **City:** enter the name of the city
- FIELD 11:** **State:** enter the name of the state.
- FIELD 12:** **Zip Code:** enter the zip code.
- FIELD 13:** **Fax number:** enter the fax number for this work location
- FIELD 14:** **Mailing address:** enter the mailing address, if different from the work location address
- FIELD 15:** **City:** enter the city, if different from the work location address.
- FIELD 16:** **State:** enter the state, if different from the work location address.
- FIELD 17:** **Zip Code:** enter the zip code, if different from the work location address.
- FIELD 18:** **Supervisor's Email Address:** enter the Supervisor's email address for this employee.
- FIELD 19:** **Supervisor Signature:** enter supervisor's signature.
- FIELD 20:** **Date:** enter date supervisor signed security agreement.
- FIELD 21:** **Title:** enter title of supervisor.
- FIELD 22:** **Telephone Number:** enter telephone number for supervisor.
- FIELD 23:** **Security Coordinator Signature:** enter date security coordinator activated user
- FIELD 24:** **Date:** enter date of security coordinator's signature.
- FIELD 25:** **Assigned Security Groups:** enter security group numbers.
- FIELD 26:** **Telephone number:** enter telephone number for security coordinator.
- FIELD 27:** **Employee Signature:** enter employee signature.
- FIELD 28:** **Date:** enter date of employee signature.
- FIELD 29:** **Title:** enter employee title.
- FIELD 30:** **Telephone number:** enter employee telephone number.