

**Wage Record Interchange System (WRIS) Performance Accountability and  
Customer Information Agency (PACIA)/ State Unemployment Insurance  
Agency (SUIA) Access Acknowledgement**

In accordance with the WRIS Data Sharing Agreement (“the Agreement”), Section VI. A. 1 (*for SUIA*) / Section VI. B. 1 (*for PACIA*), the names and signatures of each PACIA/SUIA employee properly authorized by the PACIA/SUIA to use the WRIS in accordance with the provisions of Section VIII of the Agreement appear below. All authorized PACIA/SUIA employees listed below acknowledge their understanding of the confidential nature of Wage Data, the standards and guidelines for the handling of such data as discussed in Section VIII of the Agreement and their obligation to comply with such standards and guidelines in carrying out their duties under the Agreement. All authorized PACIA/SUIA employees listed below attest that they have been provided a copy of the Agreement, have reviewed the Agreement, and agree to comply with the standards and guidelines contained in the Agreement in carrying out their WRIS duties.

State: \_\_\_\_\_

PACIA or SUIA: \_\_\_\_\_

PACIA or SUIA Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Signature of Contact: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Authorized Employee Signature: \_\_\_\_\_  
Employee Name (Print): \_\_\_\_\_  
Date: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Authorized Employee Signature: \_\_\_\_\_  
Employee Name (Print): \_\_\_\_\_  
Date: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Authorized Employee Signature: \_\_\_\_\_  
Employee Name (Print): \_\_\_\_\_  
Date: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_