

**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*) and 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.

Mailing address: Please mail the signed Access Acknowledgement document to WRIS Administration, Command Decisions Solutions & Systems, Inc. (CDS2), Suite 505, 1900 L St. NW, Washington, DC 20036. In addition, a copy may be faxed to WRIS Administration (CDS2) at 202.296.2539; or, e-mailed to WRIS@dol.gov.

State: _____

PACIA or SUIA: _____

PACIA or SUIA Contact Name: _____

Title: _____

Agency/Organization: _____

Signature of Contact: _____

Date: _____

Mailing Address: _____

Telephone: _____ E-mail Address: _____

Authorized Employee Signature: _____

Employee Name (Print): _____

Date: _____

Requires Password Access to WRIS Operator Website: Yes___ No___

State Employee: Yes___ No___ State Contractor: Yes___ No___

Address:

Telephone: _____ E-mail Address: _____

Authorized Employee Signature: _____

Employee Name (Print): _____

Date: _____

Requires Password Access to WRIS Operator Website: Yes___ No___

State Employee: Yes___ No___ State Contractor: Yes___ No___

Address:

Telephone: _____ E-mail Address: _____

Authorized Employee Signature: _____

Employee Name (Print): _____

Date: _____

Requires Password Access to WRIS Operator Website: Yes___ No___

State Employee: Yes___ No___ State Contractor: Yes___ No___

Address:

Telephone: _____ E-mail Address: _____