
Federal Deposit Insurance Corporation
EMPLOYMENT INFORMATION SECURITY CERTIFICATION

NAME <i>(Last, First, MI.)</i>	TITLE	DIVISION/OFFICE	SOCIAL SECURITY NO. <i>(Last 4-digits)</i>
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EMPLOYEE CERTIFICATION

I certify that:

1. I understand that, as an employee of the Federal Deposit Insurance Corporation ("FDIC"), I am likely to have access to, and to obtain copies of, information that is confidential either (i) of a personal nature ("Personally Identifiable Information" or "PII") or (ii) as it relates to certain commercial interests, to banking or financial institutions or the banking or financial industry in general, or to the overall programs and mission of the FDIC ("Sensitive Information").
2. I agree that, as an employee of the FDIC, it is my obligation to maintain the confidentiality of any such confidential PII or confidential Sensitive Information (collectively, "Confidential Information") and to use any such Confidential Information only in connection with, and for purposes arising from, my employment at the FDIC and not for any other purpose, whether personal or in the interests of any person or entity other than the FDIC (it being recognized that the interests of the FDIC may in some situations coincide with those of other persons or entities).
3. I agree that, as an employee of the FDIC, I may not remove any Confidential Information from FDIC premises except as necessary or appropriate in the course of my employment, disclose it to any person not authorized to receive it, or send it to any address outside the FDIC (whether by mail, email or otherwise), including my personal email account, except in accordance with applicable FDIC policies on the use and transmittal of FDIC information. As I certified to in the "Employee Certification and Acknowledgement of Standards of Conduct Regulation" (form FDIC 2410/09), I understand that I am prohibited from disclosing Confidential Information without proper authorization and that I need to contact my supervisor regarding any questions that I may have about whether information may be disclosed. I further agree that if at any time I am instructed to return Confidential Information in my possession to the FDIC, I will fully cooperate in returning such information to the FDIC.
4. I further agree that, at such time as I cease to be an employee of the FDIC, I shall return to the FDIC all Confidential Information that I then possess (in whatever form it exists). I also acknowledge that, if I do not return to the FDIC all Confidential Information at the time I separate from employment with the FDIC, the FDIC shall be entitled to injunctive relief from such court or courts as shall have jurisdiction and such relief shall be in addition to, and not in lieu of, other remedies available to the FDIC under the law. I further acknowledge that the FDIC shall be entitled to recover reasonable costs and attorney's fees in connection with obtaining any such injunctive relief.
5. Finally, I agree that my obligation to maintain the confidentiality of Confidential Information shall survive the term of my employment by the FDIC.

PRIVACY ACT STATEMENT

The FDIC is authorized to request this information from you by Section 9 of the Federal Deposit Insurance Act (12 U.S.C § 1819) and Executive Order 9397. The purpose for collecting this information is to ensure the integrity of FDIC Confidential Information. The information you provide may be furnished to third parties, including law enforcement authorities, as authorized by law, or used according to any of the other routine uses described in the FDIC Personnel Records (3064-0015) System of Records. Furnishing the requested information is voluntary, but failure to provide the requested information in whole or in part may delay or prohibit any further consideration of you for employment with the FDIC.

Signature of Employee	Date
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