ALTERNATE WORKSTATION REQUEST FORM

Employment Network (EN) staff who wish to work outside a secure area must document that the alternate workstation meets the requirements to protect personally identifiable information (PII), whether the alternate workstation is a residence or another site outside of a Ticketholder service location per Part IV, Section 8.D of the Ticket Program Agreement (TPA). Social Security does not routinely consider a private residence a secure area or duty station. A "secure area" or "secure duty station" can be defined as either of the following, unless Social Security expressly states otherwise: (1) An EN or Provider Affiliate official Ticketholder service location that is in an established business office in a commercial setting, or (2) A location within Social Security, or other Federal or State controlled premises. Social Security requires all EN staff who wish to establish an alternate workstation to submit this form and receive approval from Social Security before conducting business at the location outlined in the request. Social Security reserves the right to request pictures of the alternate workstation before making a decision.

EN Name:

PID:

Alternate Workstation Address:

City: **State:** **ZIP:**

Provide a brief description of the alternate workstation, including an explanation of the safeguards to protect PII.

Will you meet Ticketholders at the alternate workstation? If elsewhere, where and how will you protect PII in this location?

When PII is involved, how will you communicate with Ticketholders?

When PII is involved, how will you communicate with other EN staff?

How will you maintain Ticketholders' files? ☐ Hardcopy/ Paper files ☐ Electronic files ☐ Both (electronic & hardcopy files)

If you will maintain hardcopy files:

Where will the hardcopy files be stored?

Who will have access to where hardcopy files will be kept?

How will you dispose of the hardcopy files?

Who will have access to the discarded hardcopy files?

If you will maintain electronic files:

Will you use cloud-based storage? If so, what cloud provider(s)?

How will you protect electronic files?

Who will have access to the computer where the electronic files will be kept?

Who will have access to the area where the computer will be kept?

The employee who will conduct business at the alternate workstation must complete and sign the form before submitting it to the Program Contact or Signatory Authority for signature. Once signed, the form will no longer be editable. By signing this form, you agree that all information provided is accurate and complete to the best of your knowledge. Please submit this form to ENST by email at ENService@ssa.gov for approval. Forms will be processed in a timely manner in the order they are received.

Employee Name: **Phone Number:**

Signature: _____ **Date:**

Signatory Authority or Program Contact Name:

Signature: _____ **Date:**

Social Security reserves the right to conduct either announced or unannounced on-site or virtual reviews of any approved alternate workstation. These reviews will consist of, but are not limited to, assessment of the ENs' documentation and in-house procedures for protection of confidential information and adherence to the terms and conditions of the TPA.

Privacy Act Statement
Collection and Use of Personal Information

Section 1148 of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent your successful participation in the Ticket to Work Program.

We will use the information to monitor your progress in the Ticket to Work and Self-Sufficiency Program. We may also share your information for the following purposes, called routine uses:

- Disclosure to contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs; and
- Information may be disclosed to state or employment networks having an approved business arrangement with the Social Security Administration (SSA) to perform vocational rehabilitation services for SSA disability beneficiaries and recipients.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0295, entitled Ticket-to-Work and Self-Sufficiency Program Payment Database, as published in the Federal Register (FR) on April 4, 2001, at 66 FR 17985 and 60-0300, entitled

Ticket-to-Work Program Manager Management Information System, as published in the FR on June 15, 2001, at 66 FR 32656. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO: TICKET TO WORK, PO BOX 1433, ALEXANDRIA, VA 22313, OR FAX TO 703-893-4020.** You may send comments on our time estimate above to: SSA, 6401Security Blvd, Baltimore, MD 21235-6401. *Send only comments relating to our time estimate to this address, not the completed form.*