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Nikki R. Haley Governor

John L. Finan Executive Director

EMPLOYMENT AND TRAINING INSTRUCTION NUMBER: 11-04

| TO: | Local Workforce Investment Area Administrators DEW Area Directors SC Works Center Operators VOS Coordinators |
|-----------------|---|
| SUBJECT: | SC Works Center Partners and Virtual OneStop (VOS) Privileges |
| ISSUANCE DATE: | August 3, 2011 |
| EFFECTIVE DATE: | Immediately |

PURPOSE: To issue State policy concerning the granting of VOS privileges to SC Works Center partner staff.

DEFINITIONS: "Partner staff" means staff that is not funded by Workforce Investment Act, Wagner Peyser, or Trade Adjustment Assistance.

"Local Workforce Investment Board" means the Local Workforce Investment Board's administrative entity.

<u>BACKGROUND:</u> As SC Works Centers integrate partners and programs to provide seamless services to their customers, it is often advisable and desirable for partner staff in the Centers to have privileges that allow them to use labor exchange functions in VOS to provide and record jobseeker and employer services.

Local Workforce Investment Boards (LWIBs) and SC Works Center Operators are best suited to determine which partner staff should have VOS privileges, and to what extent they should have privileges, depending upon the goals, dynamics and capacity of an individual SC Works Center.

POLICY: If an LWIB deems that a partner staff should be granted privileges that allow them to use VOS to provide and record services, it should submit a signed SCVOS Staff User Account Request form (see Attachment 1) to the Performance & Reporting Unit at <u>vosadmin@dew.sc.gov</u>. If scanning capabilities are unavailable, the LWIB may provide the request form without a signature, but must maintain a signed copy. The Performance & Reporting Unit will work with the LWIBs to create appropriate privilege groups, based upon demand.

The LWIB is responsible for ensuring that the partner staff is trained in the use of VOS. The Performance & Reporting Unit will assist in this effort, upon request.

ACTION: You are responsible for the distribution and implementation of this policy within your local workforce system.

INQUIRIES: Questions may be directed to Courtney Nowak at 803.737.2670 or cnowak@dew.sc.gov.

Patricia Sherlock Interim Assistant Executive Director Employment and Training

Attachment: SCVOS Staff User Account Request form

SC Virtual OneStop Staff User Account Request Form

| | Version 2.1 Revised 06/01/2011 | |
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| 1. Please check at | t least one of the boxes below. (Only one account change per form) | |
| Create a New | Account | |
| Change an Exi | isting Account. If checked, please enter staff username here " " | |
| Inactivate an Existing Account. If checked, please enter staff username here " | | |
| Has this perso | on ever had a VOS account before? If checked, what was the username? " | |
| Other Reques | t, Describe in Item 8 (See Below) | |
| 2. Who is request | ting the account and which region do you represent? | |
| Requested By | LWIA Select One | |
| 3. What date wou | uld you like this account to be activated / Inactivated? | |
| Date to Activate A | Account Date to Inactivate Account if Known | |
| 4. If this is a new | account or if you do not know the person's username please provide the following information. | |
| First Name | | |
| Middle Initial | | |
| Last Name | | |
| Phone Number | | |
| E-mail Address | | |
| Zip Code | | |
| 5. If this is a new | account please provide the name of the individual's employer and the SC Work centers, contractors and/or | |
| service providers | for whom the individual will be accessing customer records. | |
| Staff Employed By | | |
| Site or Location(s | | |
| 6. If this is a new | account what is the staff person's job title? If it is not listed please enter it in the space below marked "Other" | |
| Job Title | Select One | |
| Other: (Not Listed | (6 | |
| and the second se | e program(s) this staff person will be working with. | |
| A STATE OF S | nent Assistance (TAA) Wagner – Peyser Workforce Investment Act (WIA) | |
| 8. Please provide | a detailed description of the change requested in the space provided below. | |
| | | |
| | | |
| 9. Please read an | d sign the Acknowledgement of Confidentiality requirements below. | |
| and the second | Carolina Virtual OneStop System, I agree to abide by the statutes, rules and regulations governing the SC Department of | |
| | rkforce (SCDEW) or organization of which I am an employee. | |
| I understand I may only use South Carolina Virtual OneStop System for the specific functions for which I have been authorized. I also | | |
| understand the information therein is not to be used for personal gain. | | |
| | and customer, employer and employee information in the South Carolina Virtual OneStop System is confidential and may not | |
| be access duties | ed, viewed, copied, printed, distributed, disclosed or otherwise manipulated unless it is needed to perform my official job | |
| | and that passwords are confidential, may not be written down and are to be used only by me. If I suspect anyone else has | |
| | ge of my password, I will report it immediately to my supervisor and will change my password. | |
| | and whenever I leave my computer I must clear the screen or sign off. Failure to do so exposes the information to | |
| | ized users. | |
| | outh Carolina Virtual OneStop System confidentiality requirements and agree to abide by them. I understand that any | |
| | nfidentiality requirements as to information obtained may be subject to civil or criminal penalties if I fraudulently misuse | |
| Employee Signature | e Agency Authorizing Signature | |
| cmployee signature | e Agency Autoriting Signature | |
| | | |
| Signed convit | s on file with the Local Workforce Investment Board | |
| Signed copy is on file with the Local Workforce Investment Board DO NOT ENTER INFORMATION BELOW THIS LINE! | | |
| Date Completed | Initials Username Created as: | |
| Notes: | initial oscillative created as: | |
| 1101037 | | |
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