

TRIDENT

TO: Trident Workforce Investment Area Contractors and Staff

ISSUANCE DATE: August 3, 2011

EFFECTIVE DATE: Immediately

SUPERSEDES: N/A

SUBJECT: SC Works Center Partners and Virtual OneStop (VOS) Privileges

PURPOSE: To provide guidance in adhering to State instruction letter 11-04

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.

BACKGROUND: 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.

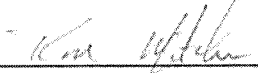
Local Workforce investment Boards (LWIBs) and SC Works Center Operators are best suited to determine which partner staff should have VOS privileges, and to what extent they should have privileges, depending upon the goals, dynamics and capacity of an individual Sc Works Center.

POLICY: To carry out the intent of the state issued instruction letter 11-04. If the Trident Workforce Investment Board (TWIB) deems a partner staff should be granted privileges that allow them to use VOS to provide and record services, the board should submit a signed SCVOS staff user account request form to the Performance & Reporting Unit at vosadmin@dew.sc.gov. If scanning capabilities are unavailable, the TWIB may provide the request form without a signature, but must maintain a signed copy. The Performance & Reporting Unit will work with the TWIB to create appropriate privilege groups, based upon demand.

The TWIB 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.

PROCEDURES:

- To make a request for VOS privileges, partner staff will complete the SCVOS Staff User Account form along with explanation (simple word document outlining desired privileges and how these privileges will be used) and submit form to the project officer
- The Project Officer will submit request to the SC Works Administrator and/or Executive Director of the Berkeley, Charleston, Dorchester Council of Government for approval
- Once approval is received, a signed copy of the form will be scanned and sent via email to vosadmin@dew.sc.gov.



Ron Mitchum, Executive Director
BCDCOG

August 4, 2011
Date

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1550 Gadsden Street
Columbia, SC 29202
www.dew.sc.gov



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.

BACKGROUND: 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.

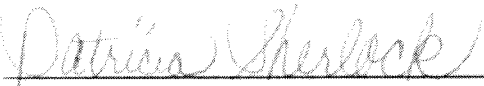
Local Workforce Investment Boards (LWIBs) and SC Works Center Operators are best suited to determine which partner staff should have VOS privileges, and to what extent they should have privileges, depending upon the goals, dynamics and capacity of an individual SC Works Center.

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 vosadmin@dew.sc.gov. 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 08/01/2011

1. Please check at least one of the boxes below. (Only one account change per form)

- Create a New Account
- Change an Existing Account. If checked, please enter staff username here " "
- Inactivate an Existing Account. If checked, please enter staff username here " "
- Has this person ever had a VOS account before? If checked, what was the username? " "
- Other Request, Describe in Item 8 (See Below)

2. Who is requesting the account and which region do you represent?

Requested By _____ LWIA Select One

3. What date would you like this account to be activated / Inactivated?

Date to Activate 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) Staff will Access _____

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) _____

7. Check all of the program(s) this staff person will be working with.

- Trade Adjustment 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 and sign the Acknowledgement of Confidentiality requirements below.

As a user of South Carolina Virtual OneStop System, I agree to abide by the statutes, rules and regulations governing the SC Department of Employment & Workforce (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.
- I understand customer, employer and employee information in the South Carolina Virtual OneStop System is confidential and may not be accessed, viewed, copied, printed, distributed, disclosed or otherwise manipulated unless it is needed to perform my official job duties.
- I understand that passwords are confidential, may not be written down and are to be used only by me. If I suspect anyone else has knowledge of my password, I will report it immediately to my supervisor and will change my password.
- I understand whenever I leave my computer I must clear the screen or sign off. Failure to do so exposes the information to unauthorized users.

I have read the South Carolina Virtual OneStop System confidentiality requirements and agree to abide by them. I understand that any violation of the confidentiality requirements as to information obtained may be subject to civil or criminal penalties if I fraudulently misuse resources from the South Carolina Virtual OneStop System.

Employee Signature _____

Agency Authorizing Signature _____

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: _____