

## **RELEASE OF CONFIDENTIAL INFORMATION TO AGENCIES, COLLEGES AND UNIVERSITIES OF MICHIGAN**

The *Michigan Employment Security Act* permits the release of confidential information concerning claims for unemployment benefits, employer unemployment tax rates and other details, and wage payment information, but strictly limits the types of entities that can receive such information, and the circumstances under which such information may be released. The attached application allows Michigan government agencies and colleges and universities to request the release of confidential information from entities within the Department of Licensing and Regulatory Affairs (LARA) and/or the Department of Technology, Management & Budget (DTMB). The entities may be either the LARA, Unemployment Insurance Agency (for information about unemployment claims or about wages paid by employers) or the DTMB, Bureau of Labor Market Information & Strategic Initiatives (for information collected by the Quarterly Census of Employment and Wages (formally known as the ES-202 Report), which contains firm specific data such as it's industry, location, employment levels and gross wages paid).

Requesting confidential information for a research project of a public service nature by a Michigan government agency, college or university, the law (consistent with federal law) requires that a public official be a party to the request and be personally responsible for insuring the confidentiality of the information upon release. The law further states that the agency, college or university be designated as the contractor for that public official. A public official may include, for example, an elected university trustee or regent, a legislator, an agency director or a city mayor or township supervisor. The public official must intend to use the confidential information in the performance of his or her official public duties by administering or enforcing a law or performing official responsibilities of the applicable federal, state, or local elected office. Administering or enforcing a law includes research related to the law administered by the public official but does not include solicitation of contributions or expenditures to or on behalf of a candidate for public or political office or a political party.

The attached *Application for Release of Confidential Information* (Application) is used by the State to determine an Applicant's eligibility and to assess whether the request, proposed use and management of the confidential information are permitted by, and comply with, the *Act*. The Application must be completed in its entirety in order to be evaluated. Incomplete or Applications with ambiguously answered questions will be rejected.

The information provided in the Application will also be used by the State to decide the feasibility of supplying the requested confidential information based on available staff time and current workloads. If the Application is approved, the attached Agreement will then be prepared, identifying the confidential information and its intended use as described in the Application. The Agreement will be sent to all applicable parties for signatures.

As required by law, the Agreement will also specify the fees that the approved Applicant must pay in order to reimburse the State for expenses associated with providing the requested confidential information. An invoice will accompany the data and is payable on receipt.

An approved Agreement is effective from the last date of signing until completion of the confidential information's intended use or until amended or terminated by any party. The confidential information provided is without warranties, express or implied, regarding the accuracy of the information, timeliness, completeness or fitness for an Applicant's intended use. Confidential information supplied by LARA and/or DTMB entities is also exempt from the Freedom of Information Act and **cannot** be made available to non-eligible parties.

Mail a completed copy of the application along with all signed Michigan Agent Agreements (MAA) to the address listed below. Please email a copy of the completed application in PDF form to the email address provided below.

Confidential Information Requests  
Bureau of Labor Market Information & Strategic Initiatives  
Cadillac Place - 3024 W. Grand Blvd., Suite 9-100  
Detroit, Michigan 48202-6032  
(313) 456-3100  
(313) 456-3150 (fax)  
Email: [deleguaconinfo@michigan.gov](mailto:deleguaconinfo@michigan.gov)

# APPLICATION FOR RELEASE OF CONFIDENTIAL INFORMATION TO MICHIGAN GOVERNMENT AGENCIES, COLLEGES AND UNIVERSITIES

## 1 Applicant / Requesting Organization Information

Name of Public Official Authorized to request confidential information: (for a college, university or agency of the State)  Name: _____  Title: _____  Telephone No. _____  E-mail: _____	Contractor for Public Official:  <input type="checkbox"/> Agency of the State <input type="checkbox"/> Michigan College/University  Name: _____  Address: _____  _____  _____
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## 2 Identity of Project Director / Manager

Identify the individual who will be the Project Director / Manager and primary contact person in the organization regarding the use and management of the requested confidential information:

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Division within organization: \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 Fax No. \_\_\_\_\_  
 E-mail: \_\_\_\_\_

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The Project Director's / Manager's responsibilities include assuring that employees and other listed agents adhere to all applicable laws and rules regarding access, use, transmission, storage and disposal of confidential information. The Project Director / Manager must also assure that the requested confidential information, once received, will be promptly loaded into an analysis file and all records will be given an internal identification number and then stripped of any identifying information. Except for conducting a participant survey, any subsequent analysis or work will be conducted with the file containing only the internal identification numbers, not with the file containing any identifying information. The Project Director / Manager listed above must also read, checkmark each box, and sign the "*Michigan Agent Agreement (MAA) for Confidential Information Use*" (page 5 – make additional copies as needed). Each individually signed MAA must be submitted along with this completed Application.

## 3 Description of confidential information being sought

Indicate the category of the information sought:	<input type="checkbox"/> Wage Record data from Unemployment Insurance Agency (UIA) <input type="checkbox"/> Unemployment Claims data from UIA <input type="checkbox"/> Quarterly Census of Employment & Wages Establishment data (ES-202) from Bureau of Labor Market Information & Strategic Initiatives (BLMISI)
Describe in detail the confidential information requested (time period, data elements, etc.):          	

**4 Authorized purpose for the intended use of the requested confidential information**

Identify and describe in detail the statutorily authorized purpose of the requested confidential information. Include any public service nature or benefit(s) if applicable:

**5 Description of specific objective for using the requested confidential information**

Describe the specific goals, objectives, and intended outcomes:

**6 Description of use of confidential information**

Describe how the requested confidential information will be used to achieve the specified goals, and objectives listed above:

**7 Dissemination of analysis, results, and outcomes from the use of confidential information**

Describe how the requested confidential information will be used in any reports, publications, presentations or media that will be disseminated. Also, describe the target audience(s) and the method(s) of dissemination:

Rule R 421.10 of the *Michigan Administrative Code* implements Section 11 of the *Michigan Employment Security Act*. The Rule permits publication of aggregated information only, and prohibits publication of confidential information pertaining to fewer than 3 firms, or to an industry in which 80% or more of employment in the industry sector is comprised of one firm. This Rule also requires submission to the State any reports, publications, presentations or media **prior** to dissemination. Authorization to disseminate will be provided when compliance with the *Act* and the *Michigan Administrative Code*, and the terms of the confidential information Agreement has been verified. Any subsequent modification(s) by the Applicant to the disseminated aggregated confidential information must again be submitted for approval **before** being re-disseminated. Contact information for submission and authorization will be provided in the confidential information release Agreement.

**8 Identities of agency or college/university employees with access to requested confidential information**

All “Contractor for Public Official” (item 1) employees who will have **any** access to the requested confidential information must be listed below:

(These employees must also be under the direction and supervision of the Project Director / Manager listed in item 2.)

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Title:

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All individuals listed above must read, checkmark each box, and sign a copy of the “*Michigan Agent Agreement (MAA) for Confidential Information Use*” (page 5 – make additional copies as needed). Each individually signed MAA must be submitted along with this completed Application. If additional employees are enlisted to work with the requested confidential information, their identifying information and their signature on a copy of the MAA must be submitted to the State **before** they are allowed to access any of the requested confidential information.

**9 Re-disclosure of requested confidential information to Sub-Contractors and Agents**

Identify all the agency's / college's / university's subcontractors and agents who will have **any** access to the requested confidential information:

<p>Entity Name: _____</p> <p>Description:</p> <p><input type="checkbox"/> Individual                      <input type="checkbox"/> Corporation  <input type="checkbox"/> Partnership                      <input type="checkbox"/> Gov Agency  <input type="checkbox"/> Limited Partnership              <input type="checkbox"/> Nonprofit Corp.  <input type="checkbox"/> LLC</p> <p>Name of individual receiving information: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone: _____</p> <p>Fax No. _____</p> <p>E-mail: _____</p>	<p>Entity Name: _____</p> <p>Description:</p> <p><input type="checkbox"/> Individual                      <input type="checkbox"/> Corporation  <input type="checkbox"/> Partnership                      <input type="checkbox"/> Gov Agency  <input type="checkbox"/> Limited Partnership              <input type="checkbox"/> Nonprofit Corp.  <input type="checkbox"/> LLC</p> <p>Name of individual receiving information: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone: _____</p> <p>Fax No. _____</p> <p>E-mail: _____</p>	<p>Entity Name: _____</p> <p>Description:</p> <p><input type="checkbox"/> Individual                      <input type="checkbox"/> Corporation  <input type="checkbox"/> Partnership                      <input type="checkbox"/> Gov Agency  <input type="checkbox"/> Limited Partnership              <input type="checkbox"/> Nonprofit Corp.  <input type="checkbox"/> LLC</p> <p>Name of individual receiving information: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone: _____</p> <p>Fax No. _____</p> <p>E-mail: _____</p>
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<p>Entity Name: _____</p> <p>Description:</p> <p><input type="checkbox"/> Individual                      <input type="checkbox"/> Corporation  <input type="checkbox"/> Partnership                      <input type="checkbox"/> Gov Agency  <input type="checkbox"/> Limited Partnership              <input type="checkbox"/> Nonprofit Corp.  <input type="checkbox"/> LLC</p> <p>Name of individual receiving information: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone: _____</p> <p>Fax No. _____</p> <p>E-mail: _____</p>	<p>Entity Name: _____</p> <p>Description:</p> <p><input type="checkbox"/> Individual                      <input type="checkbox"/> Corporation  <input type="checkbox"/> Partnership                      <input type="checkbox"/> Gov Agency  <input type="checkbox"/> Limited Partnership              <input type="checkbox"/> Nonprofit Corp.  <input type="checkbox"/> LLC</p> <p>Name of individual receiving information: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone: _____</p> <p>Fax No. _____</p> <p>E-mail: _____</p>	<p>Entity Name: _____</p> <p>Description:</p> <p><input type="checkbox"/> Individual                      <input type="checkbox"/> Corporation  <input type="checkbox"/> Partnership                      <input type="checkbox"/> Gov Agency  <input type="checkbox"/> Limited Partnership              <input type="checkbox"/> Nonprofit Corp.  <input type="checkbox"/> LLC</p> <p>Name of individual receiving information: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone: _____</p> <p>Fax No. _____</p> <p>E-mail: _____</p>
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All sub-contractors and agents listed above must read, checkmark each box, and sign a copy of the "Michigan Agent Agreement (MAA) for Confidential Information Use" ( page 5 – make additional copies as needed). Each individually signed MAA must be submitted along with this completed Application. If additional contractors, sub-contractors and/or agents are enlisted to work with the requested confidential information, their identifying information and their signature on a copy of the MAA must be submitted to the State **before** they are permitted to access any of the requested confidential information.

# Michigan Agent Agreement (MAA) for Confidential Information Use

Name of Applicant \_\_\_\_\_

(Public Official listed in item ❶)

## THE UNDERSIGNED AGREES TO THE FOLLOWING:

(Read and check all boxes indicating your understanding and agreement with each of the following provisions. Failure to check each box will cause the application to be deemed incomplete. We recommend making a copy of this completed Michigan Agent Agreement and saving it for future reference.)

- The confidential information supplied by Michigan's Unemployment Insurance Agency (UIA) and/or Bureau of Labor Market Information & Strategic Initiatives (BLMISI) will be restricted and used for the limited and authorized purpose stated in this Application, pursuant to the *Michigan Employment Security Act*, MCL 421.1 *et seq.*, its implementing rules and in accordance with the terms specified in the Application for Release of Confidential Information.
- Confidential information provided by UIA and/or BLMISI will not be disclosed nor transmitted to any individuals, agencies, public or private entities, or organizations other than those specified in this Application. Copying, duplicating, transmitting or distributing provided confidential information to unauthorized entities or personnel is prohibited by law.
- Confidential information must be used, handled, stored and safeguarded in a secure environment. The Applicant and authorized persons shall use and comply with all appropriate, required and acceptable practices implementing data security, transmission, storage and disposal protocols, including those required by all applicable state and federal laws, rules, regulations and standards.
- Improper procurement, use, release or re-release of UIA and/or BLMISI confidential information will subject the responsible party(ies) to state and federal civil and criminal penalties, including those described in the *Michigan Employment Security Act*, MCL 421.54, which provides "imprisonment for not more than 90 days, or by a fine of not more than \$1,000.00, or both."
- As required by the *Michigan Administrative Code*, R 421.10, only aggregate information derived from confidential information may be published or disseminated. Reports, publications or other disseminations pertaining to or referencing confidential information provided by UIA and/or BLMISI must be submitted to the State for authorization **prior** to any form of publication or dissemination to parties not identified and authorized in the Agreement. The Administrative Rule 421.10(7) permits publication of aggregated information only, and prohibits publication of any confidential information pertaining to fewer than 3 firms, or to an industry in which 80% or more of employment in the industry sector is comprised of one firm. Authorization to disseminate or publish aggregate information will be given only after compliance with the *Michigan Administrative Code* and the terms of the Confidential Information Release Agreement have been verified in writing by the State. Any subsequent modification(s) by the Applicant to disseminated or published aggregate information must again be submitted for **prior** written approval before being re-disseminated or re-published. All materials to be published or disseminated must be submitted to the UIA/BLMISI at: (313) 456-3100 Email: [deleguaconinfo@michigan.gov](mailto:deleguaconinfo@michigan.gov) (Fax: (313) 456-3150)
- Any breach, improper or accidental disclosure, or any improprieties regarding collection, use, storage, transmission or disposal of confidential information (Data Breach) must be reported immediately in person or direct phone contact by the undersigned to the Project Manager / Director and to the UIA/BLMISI at: (313) 456-3100. The verbal contact must be followed by a written document within 24 hours of the incident describing the Data Breach, efforts taken to contain the Data Breach and detailed actions and plans to correct and negate the Data Breach. Email: [deleguaconinfo@michigan.gov](mailto:deleguaconinfo@michigan.gov) (Fax: (313) 456-3150)

**Official / Contractor / Subcontractor /Agent accessing or receiving requested confidential information**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed or Printed

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Check One:

- Public Official     Project / Manager Director     "Contractor for Public Official" (item ❶) Employee
- Sub-Contractor or Agent (named in item ❸) Entity Name: \_\_\_\_\_

## Supplemental Response Section

If the space allocated for responses in questions 4 thru 7 is not sufficient to provide complete answers to each question, please use the additional space on this page. Please include this additional information with all copies of this application.

### 4 Authorized purpose for the intended use of the requested confidential information

Identify and describe in detail the statutorily authorized purpose of the requested confidential information. Include any public service nature or benefit(s) if applicable:

### 5 Description of specific objective for using the requested confidential information

Describe the specific goals, objectives, and intended outcomes:

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