

PIA # 21-005

ClockWork

Form C

Once the PIA has been approved with or without conditions, the Privacy Officer will collect signatures from the individuals provided below. A copy of the PIA will be distributed to all signatories for convenience or to attach to a requisition or file with a contract.

Please fill in the name, position, and date in the bolded areas indicated then each individual signs under the signature line confirming that individual agrees with the corresponding statement above the signature line.

Name of Individual leading the Program/Project: **Chrissy Ingram**

Position: **Access Coordinator**

I confirm the information management practices in this initiative have been documented on Form A, and B as applicable, as accurately as I am aware and I commit to communicating appropriate information management practices to all individuals participating in this initiative as appropriate. I commit to following the documented practices on this PIA, or arranging a PIA amendment if I am aware information management practices in this initiative change.

Signature: _____ Date **2021/07/12**

Director or Dean Overseeing the Program/Project: **Shelley McKenzie**

Position: Director Health & Wellbeing

I am accountable for overseeing my staff involved in this initiative to ensure they adhere to information management practices presented in this PIA. I will arrange for the project lead named above to contact the Privacy Officer to arrange a PIA amendment if required.

Signature: _____ Date **2021/07/12**

Contact Responsible for Records Maintenance: **Pat Herbert**

Position: **Manager of Enterprise Systems**

I am responsible for ensuring that I understand how records are being maintained within paper, digital or other information systems within this PIA and that I communicate concerns regarding the feasibility, accuracy, or security of information management in this initiative.

Signature: _____ Date **2021/07/12**

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Privacy Officer: **Kellie Howitt**

Position: Senior Project Consultant

I confirm that this initiative to the best of my knowledge as written in Form A, and B as applicable, has information management practices that comply with British Columbia's Freedom of Information and Protection of Privacy Act.

Signature: _____

Date **2021/07/12**

A final copy of this PIA (with all signatures) will be kept on record with the Privacy Officer. The Privacy Impact Assessment does not commit UNBC to financially or operationally approve this initiative. This signed form does not guarantee that all other appropriate assessments have been completed for this initiative.

ACTIVATED INITIATIVE