

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Sandra Thurman

Subseries:

OA/ID Number: 40015

FolderID:

Folder Title:

Admin - Agency Representative - Aanderud, Barbara

Stack:

S

Row:

66

Section:

6

Shelf:

1

Position:

1

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	01/05/1998	b(6)
002. form	re: Drug testing (1 page)	00/00/0000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Admin - Agency Representative - Aanderud, Barbara

2018-0764-F

jm1974

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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**WHITE HOUSE OFFICE
OTHER GOVERNMENT EMPLOYEES**

**TO: OFFICE OF MANAGEMENT
AND ADMINISTRATION**

FROM: (Requesting official's name and department or office)

*Bill Summers
AIDS Policy*

THIS IS TO REQUEST THAT THE FOLLOWING INDIVIDUAL PERFORM DUTIES IN THE WHITE HOUSE OFFICE

NAME: Last *Anderson* First *Shirburne* Middle Initial
BIRTHDATE: *(b)(6)* **SOCIAL SECURITY NUMBER:**
GRADE/STEP: **SALARY:** *[001]* **DATE AND TYPE OF APPOINTMENT IN EMPLOYING AGENCY:**
Ms. Anderson is a temporary, contracted employee by HUD through its contract with Ameri staff services.
PARENT AGENCY: *HUD*

DESCRIPTION OF PROJECT OR DUTIES (PLEASE BE SPECIFIC). IF THIS IS AN EXTENSION, PLEASE NOTE BELOW

Provide administrative assistance to the Interdepartmental Task Force on HIV/AIDS.

TYPE:

☐ DETAILEE

☐ HISTORICALLY PROVIDED SERVICE

☐ STUDENT VOLUNTEER

☐ ASSIGNEE

☐ WHITE HOUSE FELLOW

☐ OTHER _____

☐ PRESIDENTIAL MANAGEMENT INTERN

☒ AGENCY REPRESENTATIVE

DRUG TESTING DESIGNATION

TOP = TESTING DESIGNATED POSITION

☒ TDP

☐ Non-TDP

BEGINNING DATE (Mo/Day/Yr):

12/8/97

ENDING DATE (Mo/Day/Yr):

POSITION TITLE (At the EOP Complex):

Agency Representative

APPROVING OFFICIAL IN PARENT AGENCY (Name & Telephone):

TYPE OF DETAIL (If applicable):

☒ Non-Reimbursable

☐ Reimbursable

ASSIGNMENT LOCATION

(Office or Division, Building, Room Number, & Telephone):

IF REIMBURSABLE, FMD CERTIFICATION OF FUNDS AVAILABILITY:

WHO CONTACT PERSON (Name & Telephone)

Bill Summers 202 230 1890

SIGNATURE OF WHO APPROVING OFFICIAL:

[Signature]

DATE:

11/5/98

OFFICE OF MANAGEMENT AND ADMINISTRATION APPROVAL:

DATE:

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EXECUTIVE OFFICE OF THE PRESIDENT

OFFICE OF ADMINISTRATION
WASHINGTON, D.C. 20503

INFORMATION SYSTEM & TECHNOLOGY DIVISION LOGONID USER AGREEMENT

This agreement is issued under the authority of the Computer Security Act of 1987, Public Law 100-235; 101 Stat. 1724.

By signing this agreement, I signify my understanding and acceptance of the policies and practices of the Office of Administration (OA), Executive Office of the President (EOP), concerning access to the Executive Office of the President Data Center (EOPDC) computer systems.

For the purposes of this agreement, the term "exceeds authorized access" is taken directly from 18 U.S.C. § 1030, "Fraud and Related Activity in Connection with Computers", and means to access a computer with authorization and to use such access to obtain or alter information in the computer that the accesser is not entitled to obtain or alter.

I hereby acknowledge that I have received a copy of 18 U.S.C. § 1030 which in general terms provides criminal punishment for the following conduct:

- a. Anyone who intentionally accesses an EOPDC computer without authorization and such conduct affects the use of the government's operation of such computer.
- b. Anyone who knowingly with intent to defraud, accesses an EOPDC computer without authorization, or exceeds authorized access, and by means of such conduct obtains anything of value.
- c. Anyone who intentionally accesses an EOPDC computer without authorization, and by means of such conduct alters, damages, or destroys information in such computer or prevents authorized use of such computers or information and thereby causes loss of a value aggregating \$1,000 or more during any one period.
- d. Anyone who knowingly and with intent to defraud, traffics in any password or similar information through which an EOPDC computer may be accessed without authorization.

I acknowledge that I may be held accountable for any unauthorized use of my LogonID for the purposes of accessing EOPDC computer systems. Any such unauthorized access may subject me to a violation of 18 U.S.C. § 1030. The first violation of this and related statutes could subject me to termination of my employment, a fine, and/or imprisonment (ranging from one to five years).

Additionally, I hereby acknowledge the following:

1. I will not enter classified information into the EOPDC computer systems.
2. I will create my own personal password the first time I logon to the EOPDC. I will not use personal identifiers (eg., name, family member's name, initials and/or date of birth, etc.) as a password.
3. I will protect my personal password from disclosure. My password is used to authenticate my identity and I will not allow its use by another person, code it into programs or write it down where it will be assessable to others.
4. I will logoff my terminal or personal computer when it is unattended.
5. I will immediately relinquish the LogonID when access is no longer required or upon request by the EOP/OA Information Security Officer, or designee.
6. I will report immediately to the EOP/OA Customer Support Help Desk at 202-395-7323:
 - o Suspected or actual unauthorized use of my LogonID; and
 - o A change in my employment status. This includes termination of employment, transfer to another group or leave of absence.

Print Name (Last, First MI)

Date

Bartara Anderson
Signature

LogonID

Organization

Phone