

SHARED DATA AGREEMENT (XX-SDA-XX)
ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY

Attachment A
SDA Purpose Form

What specific data points are you requesting? Please include a description of the data points.

-

How do you intend to use the data?

-

How would you like IDES to provide the data? (e.g., online, screen prints, etc.)

-

How frequently would you like the data to be transmitted? (e.g., daily, weekly, monthly, etc.)

-

At which location(s) will the data be used? Please include the specific address(es).

-

Under what legal authority would you like to obtain access to the data? Please include any specific law and/or rule citation. If you do not know the specific legal authority, please leave black.

-

How many staff will be accessing the data? Please include a listing of the specific individuals.

-

Do you intend to share the data with subcontractors? Please include a listing of the specific subcontractors.

-