

CYBERSECURITY PLAN AND FINANCIAL SECURITY PROCEDURES

Related to the Management of Cash Assets

EMPLOYEE ACKNOWLEDGMENT

Office of Management & Finance Fiscal Officer and staff is responsible for:

Implementation of dual authentication by requiring use of bank security tokens and passwords for employees requiring access to agency bank accounts.

Requiring staff to attend bank provided security training for use of online banking modules.

Assuring cash management staff with direct access to agency bank accounts comply with agency's IT policy and procedures for password creation and maintenance.

Determining business requirement for and providing authorization for limited online bank account access including remote locations (home, etc.).

Completing a bank account profile form that identifies the anti-fraud measures incorporated in the setup of a new bank account or in the revision of an existing bank account to be submitted with the application to the CMRB.

Anti-fraud measures shall include:

- a) Use of a secure token for sign on to online account
- b) ACH debit block for zero balance accounts
- c) Prohibit check writing on deposit only bank accounts
- d) Setup Positive Pay service on bank accounts disbursing funds via check

For DCRT agencies with regional banks additional anti-fraud measures shall include:

- a) All regional accounts are set up with deposit only access for agency employees
- b) OMF Fiscal staff will use secure access to transfer funds deposited in regional bank to the State Treasury main ZBA account per approved Cash Management Board exceptions.

Require timely monthly reconciliation of bank account statements by agency Undersecretary and/or finance department with explanation of any reconciling items and the review and approval of such statements.

My signature hereon acknowledges that:

- 1) I have received a copy of the OLG/DCRT Cybersecurity Plan and Financial Security Procedures;
- 2) I have read this Plan;
- 3) I understand the content of this Plan;
- 4) I agree to comply with the terms and provisions of this Plan;
- 5) I understand that compliance with this Plan is a condition of employment/continued employment;
- 6) I understand that disciplinary action, including the possibility of termination, will be imposed for violating the terms and conditions of this Plan.

DATE EMPLOYEE (Signature)

EMPLOYEE (Printed Name)

DATE _____