Eastern Connecticut State University
Employee Confidentiality Agreement

Access to all databases, including but not limited to Banner, OnBase, CoreCT, WebFOCUS, Adirondack, TK20, Filemaker, Maintenance Connection, Healthy Athlete, PyraMED etc. is granted solely for the purpose that I may perform legitimate, authorized, assigned responsibilities required for the proper operation within Eastern and the Connecticut State Colleges and Universities (ConnSCU) System. Any unauthorized or illegitimate use of these and any other University system, databases or data may result in disciplinary action up to and including termination of employment, criminal prosecution and/or civil action.

I am aware that Federal and State laws protect the data to which I have access and that it must be treated with complete confidentiality. I will ensure that such confidential information is shared only with other authorized users. Examples of such confidential data or materials include but are not limited to written or verbal reports or computer terminal displays containing employee, student, vendor or donor personal data such as education, financial, medical, employment or business history, family or personal relationships, reputation or character which because of name, identifying numbers, mark or description can be readily associated with a particular person.

I am aware that I may access and/or modify only the data for which I have been given full authorization and have a legitimate purpose in performing my assigned responsibilities. I further understand that I may not share my account or password with anyone else to gain access to confidential information.

I understand that, if I attend or have attended classes in the ConnSCU System, I will not be permitted to work with my own student records and that my activities may be audited. I further understand that if I do work with my own student records, I will be subject to disciplinary action, up to and including termination of my employment, criminal prosecution and/or civil action, as well as subject to academic disciplinary actions, including dismissal.

I agree to take all steps reasonably necessary to safeguard the confidential information entrusted to me and to prevent it from falling into the possession to unauthorized persons.

I hereby acknowledge that I have read and understood this confidentiality agreement and agree to abide by its terms

Eastern Connecticut State University
STUDENT WORKER Banner Account Request
Alumni • Accounts Receivable • Financial Aid • Student * Finance • Student Employment

Name (last, first): _____ Eastern ID: _____

Technology Acct Username: _____ Phone Extension: _____

Department: _____ Position/Title: _____

Supervisor: _____ Dept User Acct: _____

I have read the ECSU System Employee Confidentiality Agreement and agree to its terms.

Applicant Signature: _____
Typed Name: _____ Date:

As supervisor, I hereby certify I have reviewed this request and agree that the individual requires such access to perform the essential responsibilities of his/her position. Furthermore, I agree to notify Human Resources, Information Technology Services, and other appropriate university departments when the individual is separated from employment in the department for which I am supervisor.

Supervisor's Signature: _____
Typed Name: _____ Date:

Please obtain all required signatures as instructed below, including signatures on page 3 (Student Worker Elevated Access Authorization).Print/Sign/Scan/E-mail or Save/Sign/E-mail the completed form to BannerSecurity@easternct.edu

ALUMNI
- ☐ ALUMNI_STWRK
- ☐ ALUMNI_STWRK_UPDATE**

ACCOUNTS RECEIVABLE
- ☐ Cashier1**
- ☐ ARSYS_STWRK**

FINANCIAL AID
- ☐ FINAID_STWRK**
- ☐ VETAFFAIRS_STWRK**

FINANCE
- ☐ ACCOUNTING_STWRK**
- ☐ AP_STWRK**
- ☐ FIXEDASSETS_STWRK**
- ☐ PURCH_STWRK**

STUDENT

Academic Services Center
- ☐ ADVISE_STWRK** - Peer
- ☐ Advisor ASC_STWRK** - Tutors

Admissions
- ☐ ADM_STWRK
- ☐ ADM_STWRK_UPDATE**

Card Services
- ☐ CARDSRV_STWRK**

Continuing Education
- ☐ CONT_STWRK
- ☐ CONT_STWRK_UPDATE**

Academic Departments
- ☐ English Writing Program: SOATEST(M)/SUAMAIL(Q)

STUDENT - Continued

Health Services
- ☐ HEALTHSRV_STWRK**

Housing/Residential Life
- ☐ HOUS_STWRK

OAS
- ☐ OAS_STWRK

Public Safety
- ☐ POLICE_STWRK**

Registrar
- ☐ REG_STWRK1
- ☐ REG_STWRK2 (Update)**

Student Employment
- ☐ BAN_STUEMP_STWRK

WebFocus Reporting
- ☐ Reporting

OnBase Access Required
- ☐ Document Management System

REQUIRED SECURITY ADMINISTRATOR SIGNATURES: *Signature(s) required for each area(s) in which access is being requested. Director of Enterprise Applications Jennifer Pelletier may sign in absence of security administrator.*

ALUMNI – Joseph McGann, Intitutional Advancement Dir
_____ Date: _____

ACCOUNTS RECEIVABLE – Yolanda Sazo, Bursar
_____ Date: _____

FINAID – Taylor Hammond, Associate Dir
_____ Date: _____

FINANCE – Shirley Audet, University Controller
_____ Date: _____

STUDENT – Jennifer Huoppi, Registrar
_____ Date: _____

STUDENT EMPLOYMENT-David Mariasi,Assoc Dir
_____ Date: _____

HR – Human Resources
_____ Date: _____

HEALTH SERVICES – Joseph Breton, MD, Director
_____ Date: _____

Specific Forms M=Maintenance Q=Query

Form	M**	Q
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐

DTS OFFICE USE ONLY: DBA:____
Date Created:_____
INB Calendar assigned: ☐

Eastern Connecticut State University

Student Worker
Elevated Access Authorization

Name (Last, First, MI): _____ Date of Application: _____

Title: _____ Department: _____

Phone Ext.: _____ Bldg./Room: _____

Windows Username: _____ Eastern ID: _____

Functional Areas Assigned: _____

UPDATE ACCESS TO MODULE

- ☐ ALUMNI
- ☐ A/R
- ☐ FINANCE
- ☐ HR
- ☐ FINANCIAL AID
- ☐ GENERAL
- ☐ STUDENT

BDMS DOCUMENT IMAGING

☐ VIEW ONLY ☐ SCAN ☐ INDEX

DCL3 DATA ACCESS

BANK ACCT INFO: ☐ VIEW

CREDIT CARD INFO: ☐ VIEW

DRIVER LICENSE #: ☐ VIEW

SSN*: ☐ VIEW ☐ VIEW_MASKED

(Enclosed options requires Business Profile assignment)

*View access required if BDMS Document imaging index privileges are to be granted.

I have read the *Eastern Connecticut State Employee Confidentiality Agreement* and agree to its terms.

_____ Date:_____

Student Worker Signature

I hereby certify that the above named student worker has proven to be responsible, mature and trust worthy, and has successfully completed the Information Security Awareness online training course. I have reviewed the above access elevation request and the attached Banner Account Request form and agree that the individual requires such access to perform the essential responsibilities of his/her position. Furthermore, I agree to notify ITS, Student Employment and other appropriate university departments should the student's employment be terminated.

_____ Date:_____

Supervisor Name (Printed) **Supervisor Signature**

I authorize that the above named student worker be granted the elevated access rights as requested by the area supervisor.

_____ Date:_____

Area Vice President Name (Printed) **Area Vice President Signature**

This form is to be completed in any instance a student worker is to be granted update access to a form within any Banner module, granted access to view/process DCL3 data or be granted access to the University's BDMS application.

DTS OFFICE USE ONLY:
Assign appropriate Business Profile via GSASECR/Banner Rules per DCL3 Data Access above

DBA:_____Date:_____