

Eastern Connecticut State University Employee Confidentiality Agreement

Access to all databases, including but not limited to Banner, OnBase, CoreCT, WebFOCUS, Adirondack, TK20, FilemakerPro, 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
Banner Account Request - Admin/Staff/Faculty/Student Employment
HR and Finance**

Name (last, first): _____ Eastern ID: _____
 Technology Acct Username: _____ Phone Extension: _____
 Department: _____ Position/Title: _____
 Supervisor: _____

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

Applicant Signature: _____ Date: _____
 Typed Name: _____

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: _____ Date: _____
 Typed Name: _____

Please obtain all required signatures as indicated below. Print/Sign/Scan/Email or Save/Sign/Email->send your completed form to BannerSecurity@easternct.edu.

NOTE **Student Workers assigned classes (or forms) marked with **, or that will be working with SSN, banking, credit card or Driver License data (electronic/paper), **MUST** also complete the Student Worker Elevated Access Authorization form.

<p><u>ACCOUNTS PAYABLE</u> INVOICE TOLERANCE: _____ % TOLERANCE AMOUNT: _____ INVOICE OVERRIDE: <input type="checkbox"/> YES <input type="checkbox"/> NO <u>INVOICE TYPE (CHECK ONE):</u> <input type="checkbox"/> NO INVOICES <input type="checkbox"/> ENCUMBRANCES ONLY <input type="checkbox"/> ALL INVOICES <input type="checkbox"/> DIRECT PAY ONLY</p>	<p><u>RECEIVING</u> RECEIVING TOLERANCE: _____ % X RECEIVING OVERRIDE: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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HUMAN RESOURCES/PAYROLL

PAYROLL_EMPLOYEE_UPDATE
 BAN_STUEMP

Note: This crossover section requires both signatures in "Required..." section below.

FINANCE

FINANCE_Q
 FINANCE_CASHIER
 (for ARSYS/Bursar office cashiers)

Accounting

ACCTG_STAFF
 ACCTG_COAS_UPDATE
 ACCTG_PAYROLL_FEED

FINANCE continued

Accounts Payable

AP_STAFF
 AP_ACH
 AP_CHECK
 AP_SUPER
 AP_LIBRARY
 AP_1099

Budget

BUDGET_ANALYST
 BUDGET_INQUIRY
 BUDGET_NSF

Fixed Assets

FIXEDASSETTS_Q
 FIXEDASSETTS_UPDATE

FINANCE continued
Receiving

RECEIVING_STAFF

Purchasing

PURCH_STAFF
 VENDOR_UPDATE

Security

SECURITY_ADMIN

PII Data Access (Business Profile)

DRIVER LICENSE #: VIEW
 SSN: VIEW VIEW_MASKED

WebFocus Reporting

Reporting

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 the absence of a security administrator.

HR - Director of Human Resources

_____ Date: _____

Finance - Shirley Audet, University Controller

_____ Date: _____

Specific Forms M=Maintenance Q=Query

Form	M	Q
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

ITS OFFICE USE ONLY: DBA: _____

Username: _____ Date Created: _____