

**Eastern Connecticut State University**  
**Employee Confidentiality Agreement**

Access to all databases, including but not limited to Banner, OnBase, CoreCT, eReports, 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 Worker  
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 to yourself & forward to 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><b><u>ACCOUNTS PAYABLE</u></b>          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><b><u>RECEIVING</u></b>          RECEIVING TOLERANCE: _____ % X          RECEIVING OVERRIDE: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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**HUMAN RESOURCES/PAYROLL**

PAYROLL\_EMPLOYEE\_UPDATE

**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: \_\_\_\_\_