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

Alumni • Acco	ounts Receivable • Financial Aid • Stud	ent * Finance
Name (last, first):	Easte	ern ID:
Technology Acct Username:	Phon	e Extension:
Department:	Posit	ion/Title:
Supervisor:	Dept	User Acct:
I have read the ECSU System Employ	yee Confidentiality Agreement and agree to	o its terms.
perform the essential responsibilities Information Technology Services, and from employment in the department Supervisor's Signature:	e reviewed this request and agree that the of his/her position. Furthermore, I agree t d other appropriate university departments for which I am supervisor.	to notify Human Resources, s when the individual is separated
Typed Name: Please obtain all required signatures below. Print/Sign/Scan/Email or Sav		
**NOTE Student Workers assigned cl card or Driver License data (electronic/	Security@easternct.edu. asses (or forms) marked with **, or that will paper), MUST also complete the Student Wo	l be working with SSN, banking, credit rker Elevated Access Authorization form.
ALUMNI □ ALUMNI_STWRK	STUDENT	STUDENT - Continued
ALUMNI_STWRK_UPDATE**	Academic Service Center ☐ ADVISE_STWRK** - Peer Advisor ☐ ASC_STWRK** - Tutors	Health Services HEALTHSRV_STWRK**
ACCOUNTS RECEIVABLE Cashier1** ARSYS_STWRK**	Admissions □ ADM_STWRK □ ADM_STWRK_UPDATE**	Housing/Residential Life HOUS_STWRK OAS
FINANCIAL AID FINAID_STWRK** VETAFFAIRS_STWRK**	Card Services □ CARDSRV_STWRK** Continuing Education □ CONT_STWRK	☐ OAS_STWRK Public Safety ☐ POLICE_STWRK**
FINANCE ACCOUNTING_STWRK** AP_STWRK** FIXEDASSETS_STWRK** PURCH_STWRK**	CONT_STWRK_UPDATE** Academic Departments English Writing Program: SOATEST(M)/SUAMAIL(Q)	Registrar REG_STWRK1 REG_STWRK2 (Update)**
REQUIRED SECURITY ADMINISTR Signature(s) required for each area(s) in v Director of Enterprise Applications Jennifer security administrator. ALUMNI – Alumni IA Support Special	ATOR SIGNATURES which access is being requested. Pelletier may sign in the absence of a	Banner Document Management BAN_XTENDER_USER (Complete and attach the Banner Doc Mgt System Request Form.)
ACCOUNTS RECEIVABLE – Yolanda	Sazo, Interim Bursar Date:	WebFocus Reporting Reporting
FINAID – Taylor Hammond, Associat	e Director	
FINANCE – Shirley Audet, University	Controller Date:	Specific Forms M=Maintenance Q=Query Form M** Q
STUDENT – Jennifer Huoppi, Registra	Date:	
	an Resources Date:	
HEALTH SERVICES – Joseph Breton	, MD, Director	

ITS OFFICE USE ONLY: DBA:_____

INB Calendar assigned:_____

_____Date Created:____

Username:_____

Rev. 03/2019