

Employee Name: _____	EMPLID #: _____
Job Title: _____ (Check One)	Department: _____
Existing Employee <input type="checkbox"/> New Employee <input type="checkbox"/> Transfer/Title/Name Change <input type="checkbox"/> Non-Employee <input type="checkbox"/> Student Employee <input type="checkbox"/>	
Email Account Name: _____	Ext: _____ Phone: _____

CONFIDENTIALITY STATEMENT (please read carefully):

PeopleSoft serves as Alabama State University’s administrative information system for financial data. PeopleSoft access and screen privileges are issued to individuals with the understanding that they will use the information obtained only to conduct their official duties, and that no information will be disclosed to any person who does not have an official business purpose. In the interest of ensuring the secure and proper use of this data and in adhering to FERPA – *Family Education Rights & Privacy Act (1974)*, we request that you agree to these operational principles by reading the following and signing below:

As an employee of Alabama State University, whose positions’ responsibilities require interaction with any or all of the University’s administrative information system called PeopleSoft, I understand that I may be provided with direct access to confidential and valuable data.

1. I will maintain the confidentiality of my password for all systems to which I have access.
2. I will maintain or view the data to which I have access in strictest confidence. The information viewed will not be shared in any manner with unauthorized users.
3. I understand that the use of the University’s administrative data for profit or personal purposes is strictly prohibited.
4. I will immediately notify my supervisor of my knowledge of any unauthorized use or access of the system regardless of whether such unauthorized use or access is done inadvertently or advertently.
5. I understand that inappropriate use of my privileges to access and use administrative data and/or my failure to abide by these operational principles may result in disciplinary action, loss of access to the system and possible sanctions up to and including dismissal from the University.

I have read, understand and agree to abide by the above guidelines throughout my employment with the University.

Name (please print clearly): _____

Employee Signature: _____ **Date:** _____

Department & System Data Owner

I approve the access to the Role Assignment(s) I have selected below for this employee. I understand it is my responsibility to initiate an account termination request when this applicant’s employment terminates or no longer requires access to these systems due to job change or transfer.

Name (please print clearly)

Signature
Employee Supervisor

Date

Job Title

Phone #

Name (please print clearly)

Signature
System Data Owner

Date

Job Title

Phone #

Date Account created _____	User name/temp pswd _____	Date User Notified _____
Date Account deleted _____		Processed by OTS Staff _____

Please select the job title or general category that best describe your job functionality. This form is to be used for only finance access to the Financial System. This security form must have the proper signatures before it can be processed. Please deliver to the **Business and Finance office room 128 for preliminary processing.**

Business and Finance **System Data Owner: Alondrea Pritchett**

Budget/Ledger View

Location: _____

Funds : _____

Department No: _____

Access to Project/Grant Account: _____

Travel Access: *(If you need additional space a separate sheet can be used)*

Please list most frequently used Dept. Number for travel: _____

Approval Levels and Dept. Number - Expense Manager _____

Department Head: _____

VP or Dean: _____

Requisition Access: *(If you need additional space a separate sheet can be used)*

Do you need Requisition Access? Yes No

List the Departments Numbers: _____

Do you need Requisition Approvers Access? Yes No

List the Departments Numbers: _____

I need additional access to the Financial System that is not listed above:
