UNIVERSITY OF ALASKA
ADMINISTRATIVE ACCESS STATEMENT/RULES
(Unix, Oracle, OnBase, Banner, & EDIR)

To Be Completed By User: Please PRINT

Name: **First** _____ **MI** _____ **Last** _____

UAID: _____ **Contact Phone:** _____

E-Mail ID: **(If Assigned)** _____ **Banner User ID:** **(If Assigned)** _____

Statement of User Responsibility and Rules of Conduct

All University employees and authorized systems users are responsible for the security and confidentiality of university data, records, and reports. Individuals who have access to confidential data are responsible for maintaining the security and confidentiality of such data as a condition of their employment. The unauthorized use of, or access to, confidential data is strictly prohibited and will subject the individual to disciplinary action as specified herein.

The system access rules of conduct and user responsibilities include, but are not limited to:

1. **System users shall not personally benefit nor allow others to benefit by knowledge of any special information gained by virtue of their work assignments or system access privileges.**
2. **System users shall not exhibit nor divulge the contents of any confidential record or report to any person, except in the execution of assigned duties and responsibilities.**
3. **System users shall not knowingly include nor cause to be included in any record or report a false, inaccurate, or misleading entry.**
4. **System users shall not knowingly expunge nor cause to be expunged a data entry from any record or report, except as a normal part of their duties. Due caution will be exercised in the disposal of documents and reports containing sensitive information.**
5. **System users shall not publish nor cause to be published any University records, reports, or other information, which contains confidential data for unauthorized distribution.**
6. **System users shall comply with information security procedures and rules of conduct as promulgated by the University.**
7. **System users shall not share passwords with anyone nor transcribe them in any manner, such as, but not limited to: written, stored, transmitted on computer systems, or imbedded within automatic login procedures.**
8. **No person shall aid, abet, or act in concert with another to violate any part of these rules.**

In addition to the above items, the users of Ellucian applications must comply with the conditions of the license agreement the University has established with Ellucian. The agreement requires you and your organization not to sell, give away, or circulate any part or all of the Ellucian system to anyone. The Ellucian applications are the property of Ellucian and they must be treated as Confidential information. Should you have any questions regarding the conditions for use of the system, please contact your campus information Security Coordinator.

Violation of these rules of conduct may subject you to loss of information access privileges, reprimand, suspension, or dismissal in such manner as is consistent with Regents' policies and University regulations, and to prosecution under Federal and State computer and information security laws.

I have READ and FULLY UNDERSTAND the Statement of User Responsibility and Rules of Conduct printed on this form and shall comply with such statement and rules.

User Signature: _____ **Date:** _____

PROCESSED BY: Security Administrator or Designee

Name: _____ **Date:** _____

UNIVERSITY OF ALASKA
ADMINISTRATIVE ACCESS REQUEST
(Unix, Oracle, OnBase, Banner, & EDIR)

To Be Completed By User: Please PRINT

Name: First _____ MI _____ Last _____

UAID: _____ **Contact Phone:** _____

E-Mail ID: _____ **Banner User ID:** _____
(If Assigned) **(If Assigned)**

Request Type: New User___ Transfer___ Termination___ Access Change___ Other___: _____

User Category: Faculty___ Staff___ Student___ Contractor___ Other___: _____

Department: _____ **Location:** _____

Details of Request

NOTE: I acknowledge my responsibility to conduct periodic reviews of employee access privileges and update those privileges in light of any job transfers, terminations or other changes.

Department Manager Signature below shows agreement and approval

Signature/Title: _____ **Date:** _____

Printed Name: _____ **Tel #:** _____ **Fax #:** _____

PROCESSED BY: Security Administrator or Designee

Name: _____ **Date:** _____

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, is a Federal law designed to:

1. Protect the privacy of education records.
2. Establish the right of students to inspect and review their education records.
3. Provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings.

Eligible students also have the right to file complaints with the FERPA Office concerning alleged failures by the institution to comply with the Act.

Under FERPA, the student must provide written consent before the university discloses personally identifiable information from the student's education records. School officials with legitimate educational interests may review personally identifiable information without consent when they have a legitimate educational interest.

Definitions:

- An "eligible" student under FERPA is any student who attends a postsecondary institution, regardless of age.
- "School officials" include persons employed by the university.
- A "legitimate educational interest" means that the official needs to review an education record in order to fulfill his or her professional responsibilities for the university.

All employees are required to obtain FERPA certification before gaining access to the student database (Banner and related tools such as Toad, QMenu and QAdhoc), OnBase or DegreeWorks. Employees are strongly encouraged to renew certification yearly to remain up-to-date. Online training and certification can be found in UAOnline under Employee Services.

To report a possible FERPA violation, or for clarification or additional information, please contact the Office of the Registrar at 907-786-1560.

I have read and fully understand the rules printed on this form and shall comply with them. I understand that violation of FERPA may result in disciplinary action up to and including the termination of my employment and may also include prosecution under federal and state law.

Signature _____ Date _____

Printed name _____ UAID _____

Department _____

Please keep a copy of this document for your records. 20-JUN-2014

Clear Form

Banner/DSD Finance & Human Resources Security Access Questionnaire

User Name (print): _____ ____ _____
First Name MI Last Name

User ID#: _____ Email Userid: _____

Banner Userid: _____ Dept.: _____

Phone: _____ Faculty_____ Staff_____
Regular ____Temp____ Student Emp ____

____ ***If this is your first Finance/Human Resources access request:*** To help identify the proper Banner security access for you, we need you to mark all that apply to your job responsibilities with the University of Alaska Anchorage, Mat-Su, Kenai, Kodiak or PWS campuses. Additional training may be required for some access groups.

_____ ***If this request is to update existing Finance/HR access:*** Mark the new items. Additional training may be required for some access groups.

Finance

___ **Banner:** I need to query budget information for my department, and look up the status of finance transactions such as purchases and payments. (fg_finance_query_cls)

___ **Banner:** I need to enter and approve purchases for my department, using purchase requisitions, call numbers, limited purchase orders and receiving. *Requisition 1* and *Requisition 2* training will be required for this access. A modified *signature card* for each orgn/fund to be used will also be necessary. (fg_finance_dept_user_cls)

___ **DSD:** I need to create reports of budget information, encumbrance lists, and property lists via the DSD WebQueries (QMENU/QADHOC). (user_web_finuser_cls)

___ **VISTA:** I need to access financial reports via the Vista Plus website for my department. (VISTA PLUS). (fgv_reports_cls)

HR

___ **Banner:** I need to look up payroll and personnel information for my department. *HR Query* training will be required for this access. (hr_query_gen_cls)

___ **Banner:** I need to view sensitive payroll check information such as deductions and deposits. *HR Query* training will be required for this access. (hr_ppa_cls)

___ **DSD:** I need to create reports of payroll and personnel information (includes active/inactive jobs, leave accruals, employee demographics, terminations) via the DSD WebQueries (QMENU/QADHOC) (user_web_hruser_cls)

___ **VISTA:** I need to access personnel/payroll reports via the Vista Plus website for my department. (VISTA PLUS). (hrv_query_gen_uaa_cls)

Other areas of responsibility not listed above. Please be as specific as possible.

_____

_____

If this is your first Finance/Human Resources access request: All areas of responsibility that I perform in my job with the University of Alaska Anchorage, Mat-Su, Kenai, Kodiak or PWS campuses have been marked.
If this request is to update existing Fin/HR access: All marked items are related to my job responsibilities.

_____ _____
User Signature Date

I have reviewed and approve all the marked areas of responsibility that the above user has indicated, which he or she needs in order to perform his or her job with our department.

_____ _____ _____
Department Approval Signature (Supervisor) Printed Name Date
(you may <u>not</u> sign for your own access)