Please return the completed and signed application to Human Resources

User Information

CWID: _____ Name (Last, First, MI): _____ E-mail address: _____

Department: _____ Job Title: _____ Extension: _____

Requested Access

UNIVERSITY USERS

To which department(s) or node(s) do you need to add or remove access: _____

Please indicate the type of access being requested.   **Remove All HR Access**

Add Delete Modify

      Department Roster (Includes salary information) – Budget Manager Signature: _____

      Department Roster (without salary information)

      Update "Reports to" in Department Roster (Includes salary information)

      Major Area Budget Manager access (Includes salary information)

      HR/Payroll Simpler Reporting (Includes salary information)

      Student Hire Module and Student Department Roster

      Faculty Hire Module – *Select*:   Faculty Info Only   Originator Access   Approver Access

      Separation only email notification

      New Hire/Separation email notification

      Other (Requires detailed explanation in Reason for Request section below)

CORE HUMAN CAPITAL MANAGEMENT USERS

Desired action: **Add**   **Modify**   **Delete** *access to the following:*

HR Compensation/Employment Access – *HR staff only* (Update)	Labor Distribution (Finance Systems) Access – *Finance staff only*
HR Benefits Access – *HR staff only* (Update)	Labor Distribution (Finance Systems) Access – *Finance staff only* (no salary)
HR Employee Relations Access – *HR staff only* (Update)	Job Summary Access – *Finance Credit Card staff only*
HR Access – *HR Executive staff only* (Inquiry Only)	General Accounting Lead Access – *Accounting staff only*
HR Access – *HR staff only* (Inquiry Only without salary)	General Accounting Staff Access – *Accounting staff only*
HR Intern Access – *HR student staff only* (Personal & Job Entry, no salary)	Office of Financial Planning Access – *OFP staff only*
HR Temp Access – *HR staff only* (Personal Data Entry without salary)	Payroll Lead Access – *Payroll staff only*
Student Employment Access – *Student Employment staff only*	Payroll Technician Access – *Payroll staff only*
Student Work Study Info Inquiry – *Student Employment/Financial Aid use only*	Card Services Access – *Card Services staff only*
Name Change Report – *HR and Registrar staff only*	Equal Opportunity Access – *EO staff only*
Insurance and Risk Access – *Insurance & Risk staff only*	Raiser's Edge Update – *Advancement Records staff only*
Driver Module User Access – *Insurance & Risk staff only*	Helpdesk Page – *IT staff only*

Reason for Request
Please explain the access you are requesting and for what purpose.

User Agreement & Access Approval
By signing this form, I acknowledge that I have read and agree to adhere to the PeopleSoft Statement of User Responsibility and HR Confidentiality Agreement.

User: _____   Date: _____

Supervisor: _____   Date: _____   Print Name: _____

Human Resources: _____   Date: _____   Print Name: _____

EIS Security Administrator: _____   Date: _____   Print Name: _____

PEOPLESOFT STATEMENT OF USER RESPONSIBILITY

This statement of responsibility regarding the use of data contained within the PeopleSoft systems for finance, human resources, and student administration must be read and agreed to by the end user prior to the granting of access to those systems.

I understand that I will be violating the University's policies and state and federal law if I gain or help others gain unauthorized access to the PeopleSoft system for finance, human resources, and student administration. I acknowledge that neither I nor anyone else possesses the authority to allow anyone to use my NetworkID or password.

I understand that if I violate the University's policies and state and federal laws by gaining or helping others gain unauthorized access to these systems, I will be subject to University disciplinary action and criminal prosecution to the full extent of the law.

By logging on to these computer systems, I acknowledge my responsibility for strictly adhering to University policy and state and federal law. I am also aware that penalties exist for unauthorized access, unauthorized use, or unauthorized distribution of information from these systems.

I agree further not to attempt to circumvent the computer security system or attempting to use any transactions, software, computer files, or resources that I am not authorized to use. Any information downloaded from these systems and transported on portable devices (laptops, thumb drives, etc) will be encrypted.

CONFIDENTIALITY-SECURITY AGREEMENT

I, _____ as an employee of Pepperdine University agree to adhere to the established policies and procedures related to information security and confidentiality. I understand my responsibility of trust and agree to perform my job utilizing the security procedures of the University as stated below:

1. All information processed through University information systems is considered sensitive and/or confidential. This information is governed by University policy. The responsibility for determining the release or discussion of data is assigned to specific individuals in each office. Access to information is based on a legitimate "need to know" and directly related to my assigned duties within the University.

2. I will not reveal any salary, sensitive personnel information (SPI), protected health information (PHI), or other confidential personnel information to any unauthorized person.

3. If I am in doubt about a particular individual's authorization, I will confirm it with my supervisor prior to releasing the information.

4. University computers will be used for authorized purposes only. I understand that I am responsible for the security of whatever data I retrieve and, ultimately, for the documents produced, published or otherwise communicated.

5. By logging on to these computer systems, I acknowledge my responsibility for strictly adhering to University policy and state and federal law. I am also aware that penalties exist for unauthorized access, unauthorized use, or unauthorized distribution of information from these systems including, but not limited to, FERPA and HIPAA protected information

6. I will report to my supervisor any security violation as soon as I become aware of it.

7. I will provide all necessary safeguards to all confidential information or software in my possession. I will not copy licensed software or use it except in accordance with established procedures or agreements, nor will I assist others to do so. When in doubt, I will confer with my supervisor.

8. I agree further not to attempt to circumvent the computer security system or attempting to use any transactions, software, computer files, or resources that I am not authorized to use. Any information downloaded from these systems and transported on portable devices (laptops, thumb drives, etc.) will be encrypted.

9. Where I have responsibilities for the reproduction, destruction or modification of information, I will be sure to research and follow all established procedures governing these responsibilities before taking action. When in doubt, I will confer with my supervisor.

10. I understand that if granted access I am to restrict my retrieval and other computing activities only to information I have been specifically permitted to access as related to my assigned duties and using only functions and utilities which I have been authorized and trained to use. This includes use of all application software (including, but not limited to, PeopleSoft Human Resources, Finance and Student Administration modules, Sakai, Hyperion, Simpler, PeopleAdmin, Form I-9, HireRight, ARMS, TMA, and Tuition Database) screens as well.

11. I understand that I will be violating the University's policies and state and federal law if I gain or help others gain unauthorized access to the PeopleSoft system for finance, human resources, and student administration. I acknowledge that neither I nor anyone else possesses the authority to allow anyone to use my NetworkID or password, and that I am responsible for their security.

I understand that if I violate the University's policies and state and federal laws by gaining or helping others gain unauthorized access to these systems, I will be subject to University disciplinary action (including possible termination of employment) and criminal prosecution to the full extent of the law.

_____	_____	_____
Department	Employee Signature Date	Supervisor/Manager Signature Date