

UNIVERSITY OF NORTH CAROLINA SCHOOL OF THE ARTS BANNER ACCOUNT REQUEST FORM

1. _____ E-Z Arts ID: 96 _____
Last Name (print) First Name Middle (To Be Assigned)

2. Department: _____ Building: _____ Room: _____

3. Job title _____ Email _____

4. My status: (circle one) Staff Faculty Administrator Other

5. This is a request to: _____ Create a new account
_____ Modify my account (acct name _____)
_____ Remove this account (acct name _____)

6. I need Banner access in order to:

Supplemental Access Forms

Check all that apply

- For financial records, I have attached a completed Financial Records Access form. _____
- For personnel records, I have attached a completed Human Resources Access form. _____
- For student records, I have attached a completed Student Information Access form. _____
- As a member of IT staff, I have attached a completed Systems Support Access form. _____

7. I have read the UNCSCA Security and Confidentiality statement attached to this form and agree to abide by the policies outlined therein.

Applicant Signature

Date

Phone

8. Authorization

As departmental representative, I approve the access requested by the above employee and will initial attachments to this form. If the user of the above computing account leaves this department, I will notify Information Technologies so that the account may be removed.

Signature of Immediate Supervisor

Date

Phone

9. Route to Banner Security Coordinator – Office of Information Technologies

Signature of Banner Security Coordinator _____

Date _____

**University of North Carolina School of the Arts
Security and Confidentiality
Statement of Responsibility**

Security and confidentiality of records, reports, and files are matters of critical importance to the University of North Carolina School of the Arts (UNCSA). Access to such information is provided solely for use in the performance of assigned duties. Any other use is prohibited. The purpose of this statement is to clarify your responsibilities. Each individual who has access to information is expected to adhere to the security and confidentiality principles stated below.

As a person who has access to such information, you **will not**:

- Share your password with any person, or permit any other person to access information using your identity, except the University of North Carolina School of the Arts authorized technical support staff;
- Permit the unauthorized use of any information in records, reports, and files to which you have access;
- Seek personal benefit from information that you have acquired as a result of your access;
- Disclose the contents of any confidential record, report, or file to any unauthorized person, except in the conduct of professional responsibilities;
- Knowingly include a false, inaccurate, or misleading entry in any official record, report, or file
- Knowingly destroy or alter information from any record, report, or file, except as authorized;
- Remove any record, report, or file from the office where it is maintained, except in the performance of your assigned duties;
- Cause or assist another person to violate these principles.

Violations of these principles may lead to disciplinary action consistent with applicable personnel policies. Violations can also lead to action under North Carolina Statutes pertaining to theft, alteration of public records, or other applicable sections.

By signing below, you are indicating you have read, understand and will comply with these principles. Please be advised that the conditions of this security and confidentiality statement of responsibility remain in full effect for the duration of your employment with the University of North Carolina School of the Arts. You will be required to renew this Statement of Responsibility upon rehire following any breaks in employment.

Printed Name: _____

Signature: _____

Date: _____

**UNIVERSITY OF NORTH CAROLINA SCHOOL OF THE ARTS
BANNER HUMAN RESOURCES RECORDS ACCESS FORM**

This form must be accompanied by a BANNER ACCOUNT REQUEST FORM

1. _____ E-Z Arts ID: 96
Last Name (print) First Name Middle (To Be Assigned)

2. Department: _____ Job title _____

Departments: Please complete this section
Banner Human Resources Access

3. Functional Role: (Please detail all duties and responsibilities which require employee to have access to Human Resources records)

4. Authorizations

As departmental representative, I approve the access requested by the above employee. I understand that this person will have access to Human Resources information for the attributes listed above, including confidential information. If the user of the above computing account leaves this department, I will notify Information Technologies so that the user's access will be revoked.

Signature of Immediate Supervisor	Date	Phone
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As the Banner Human Resources Security Coordinator, I have completed the Banner Profile Assignments Form to grant the Human Resources Records access requested for the above employee.

Signature of Human Resources Security Coordinator	Date
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5. Route to Banner Security Coordinator – Office of Information Technologies

Signature of Banner Security Coordinator _____ Date _____

BANNER HUMAN RESOURCES PROFILE ASSIGNMENTS
TO BE COMPLETED BY HUMAN RESOURCES SECURITY COORDINATOR
*This form must accompany a **BANNER HR RECORDS ACCESS FORM.***

E-Z Arts ID: 96

 Last Name (print) First Name Middle

HUMAN RESOURCES AND SUPPORT STAFF

(check all that apply)

APPLICATION ADMIN

BAN_HR_ADMIN_C

ALL HR USERS

BAN_GEN_ALL_USERS_C

BAN_HR_BASE_C

AUDITORS

BAN_HR_STATE_AUDITOR_C

BENEFITS

BAN_HR_BENEFITS_C

BUDGET

BAN_HR_BUDGET_C

FACULTY ADMINISTRATION

BAN_HR_FAC_ADMIN_C

LEAVE

BAN_HR_LEAVE_C

PAYROLL

BAN_HR_PAYROLL_C

BAN_GEN_SSC_USERS_C

REPORTING

HR_WEBFOCUS_DEVELOPER_ROLE

BAN_HR_EP_DEPT_RPTS_C

BAN_HR_FORMFUSION_USER_C

E_PRINT (CONTRIBUTOR)

HR STAFF

BAN_HR_STAFF_C

BAN_HR_SSC_PAYROLL

ADJUST_C

MAINT_C

PROCESS_C

QUERY_C

STAND_Q_C

TAX_C

SHARED SERVICE ALLIANCE JOBS

BAN_PWRGPDF_C

PTRUSER ATTRIBUTES

MASTER_EMPLOYER
 BENEFITS_ADMINISTRATOR

TIME_ENTRY_APPROVALS

LEAVE_REPORT_APPROVALS

OTHER _____

MASTER_ORGANIZATION
 or

ORGS: _____

MASTER_EMPLOYEE_CLASS
 or

ECLS: _____

FINE GRAIN ACCESS GROUP

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

CAMPUS AT LARGE ACCESS

EPRINT

BAN_HR_CAMPUS_RPTS_C

HR SELF SERVICE

CWID AND PIN_ACTIVATION

OTHER _____

