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 UNCSA 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

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

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

_________________________  ___________________________
Signature of Banner Security Coordinator                Date

Form: BanHR v2.1
# Banner Human Resources Profile Assignments

**To be completed by Human Resources Security Coordinator**

*This form must accompany a Banner HR Records Access Form.*

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**Human Resources and Support Staff**

(Choose all that apply)

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<thead>
<tr>
<th>Application Admin</th>
<th>All HR Users</th>
<th>Auditors</th>
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<tbody>
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<td>BAN_GEN_ALL_USERS_C</td>
<td>BAN_HR_STATE_AUDITOR_C</td>
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<td>BAN_HR_PAYROLL_C</td>
<td>HR WEBFOCUS DEVELOPER ROLE</td>
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<td>BAN_GEN_SSC_USERS_C</td>
<td>BAN_HR_EP_DEPT_RPTS_C</td>
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<td>E_PRINT (CONTRIBUTOR)</td>
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**PtrUser Attributes**

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<td>ORGS:________________________</td>
<td>ECLS:________________________</td>
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<td>Other</td>
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**Fine Grain Access Group**

1. ___________________________  2. ___________________________  3. ___________________________
4. ___________________________  5. ___________________________  6. ___________________________

**Campus at Large Access**

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<tr>
<th>Eprint</th>
<th>HR Self Service</th>
<th>Other</th>
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E-Z Arts ID: 96