

Cleveland State University
REQUEST FOR ACCESS TO PEOPLESOFT

Employee Name _____ Campus Phone _____ ID _____

Last First

Title _____ Department _____

Supervisor's Name _____ Supervisor's Phone _____

INSTRUCTIONS TO SUPERVISOR

Purpose

This form is to be used to request permission for your employee to view and/or update information through PeopleSoft.

Steps

1. **Complete the top of the form**, which asks for your name, department, etc.
2. **Complete Section A**, describing thoroughly the information your employee needs to access and obtaining your Vice President's or Provost's signature. Do not indicate that access is to be like another named employee. This form must state the information accessed. If you have questions, please contact the Data Custodian for the module in question. Get your Employee's signature and Vice President's or Provost's signature before sending the form on to the Data Custodian(s).

Admissions: Janet Stimple, Nina Cooke, Heike Heinrich

Student Records: Janet Stimple, Nina Cooke, Kevin Neal

Financial Aid: Pat Mitchell, Rachel Schmidt, Anne Coburn

Student Financials: William Caraballo, Veronica Herschbach

Human Resources (All Modules): Hema Weerasuriya, Robinette Finley

Financial (All Modules): Annie Hanks, Amy Petrus, Kathleen Murphy

3. This form must be forwarded to the appropriate data custodian(s) for approval (see module list above). The Data Custodian(s) will complete Sections B and C and then forward this form to the Security Administrator in IS&T for processing.
4. If you want to know the status of your PeopleSoft access request, please contact the Data Custodian first.

SECTION A – ACCESS REQUESTED

Supervisor, describe the information to which you are requesting VIEW access for your employee:

- Student Navigation/Advising (also requires completion of Security And Confidentiality Policy For Student Records)
 - HR Navigation - Financial Reporting - Other – Specify

Further describe information for which you require UPDATE privileges for your employee:

- Adding a Patron - Course Permissions (List Course Prefixes Needed)
 - Course Scheduling (also requires Request for Access to PeopleSoft Tables/Reporting form) - Other – specify

Describe your employee's job functions as they relate to the information access requested:

I acknowledge the right granted by the University to access University records. I understand that this information is protected by various state and federal laws (FERPA, HIPAA, etc.) and access is governed by the Cleveland State University's *Technology Resources General Policy* and *Technology Policies*. I will insure that all the applicable provisions of the laws are obeyed. Access will be limited to a 'need-to-know' basis and under no circumstances will I release information unless I am the authorized University official responding to a public records request.

As Supervisor, I understand that violations of confidentiality, security, or breaches of security access (including any inappropriate usage) of which I am or reasonably should have been aware by any listed person reporting to me will subject me to disciplinary and/or legal sanctions as set forth in University policy.

As Employee, I understand that violations of confidentiality, security, or breaches of security access codes will be subject to disciplinary and/or legal sanctions as set forth in University policy.

Disciplinary sanctions may include dismissal from my position at the University if the violation results from or in any way relates to negligence or other unsatisfactory performance of my job responsibilities including the implementation/management of the Policy of Appropriate Use of University Computing Resources and the Information Security Policy.

I agree to comply with all institutional policies regarding the security and proper use of the information requested and I hereby acknowledge that I have received and read the *University Information and Technology Resources General Policy*. I am aware that Human Resources will provide a supplemental policy form if I am granted access to HR data.

Supervisor's Signature _____ Date _____

(Please note: Supervisor, you are responsible for notifying Security when the employee is no longer working in your area.)

Employee Signature _____ Date _____

VP/Provost Signature _____ Date _____

Employee Name _____ ID _____

SECTION B – APPROVALS (For Data Custodians only)

(Data Custodians, please complete sections B and C only when all three signatures are present in Section A)

Admissions _____ Student Finance _____

Student Records _____ Human Resources _____

Financial Aid _____ Financials _____

Other _____

Operator Profile/Roles/Acad. Org./Program Actions **Access Type** **Database Instance(s)**

EXERCISE COMPLETION IDENTIFIED & RECORDED

Successful completion of following training exercise(s) required before access is provided:

SECTION C

Exercises Required (Data Custodian):

- Student Navigation/Advising
- Course Permissions
- Course Scheduling
- Adding a Patron
- Financial Reporting
- HR Navigation
- _____

SECTION D

Exercises completed (IS&T)

- advised by _____ Date _____
- advised by _____ Date _____
- advised by _____ Date _____
- advised by _____ Date _____
- advised by _____ Date _____
- advised by _____ Date _____
- advised by _____ Date _____
- advised by _____ Date _____
- advised by _____ Date _____

SECURITY: Training notified of required exercises Date: _____

Access to training data base provided - Date: _____

SECTION E – SECURITY (for IS&T only)

Security Provided to employee

By: _____ Date: _____