

UNIVERSITY OF CHICAGO
ACCESS TO CONFIDENTIAL INFORMATION AUTHORIZATION FORM

Submit To: University Human Resources Management (Records Dept.)

1. Your login ID(s)/password(s) are unique to you as a user of one or more of the University's mainframe computer systems. Your login ID(s)/password(s) must be kept confidential. Your login ID(s)/password(s) replace your handwritten signature and are legally equal to a handwritten signature.
2. Your login ID(s)/password(s) are necessary for you to perform your job, so you must memorize them and store any written login ID(s)/password(s) in a secure place.
3. If you suspect that someone else is using your login ID(s)/password(s), or if your password card has been lost or stolen, you must immediately notify your supervisor and request a replacement.
4. If you undergo a status change of any kind (job description, job title, name, promotion, and resignation/termination), remind your supervisor to inform the appropriate central office(s) so that the information can be updated.

REQUEST FOR ACCESS TO CONFIDENTIAL INFORMATION

It is requested that _____ - _____ - _____
Name SSN
receive access to the University's following systems:

System Name (check all that apply)

- | | |
|------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Accounts Payable System (APS) | <input type="checkbox"/> Real Estate Office System (REO) |
| <input type="checkbox"/> Financial Accounting System (FAS) | <input type="checkbox"/> Other (specify _____) |
| <input type="checkbox"/> Payroll/Personnel System (DBCOAS) | <input type="checkbox"/> |

EMPLOYEE STATEMENT

I understand the University's policy on the necessity for security of computer login ID(s)/password(s). I have read and understand the four (4) points listed above and will handle my login ID(s)/password(s) as stated.

I also understand the University's policy on maintaining the confidentiality of information. I have read and understand the Employee Manual and Personnel Policy #U601.01, regarding Treatment of Confidential Information. I understand that all of these policies apply to me and that my failure to observe these policies may result in disciplinary action, including but not limited to, discharge.

Finally, I understand that a signed copy of this form, *Access to Confidential Information Authorization Form*, will be placed in my personnel file.

Employee Signature Date ____/____/____

APPROVALS

Supervisor Signature Date ____/____/____

UHRM/Provost Signature Date ____/____/____

Submit To: University Human Resources Management (Records Dept.)