

**NORTH CAROLINA A & T STATE UNIVERSITY  
Banner Finance Fund Access Request**

For Sys Dev / GAO Use Only
Fin. Training Completed: [ ] Yes [ ] No
Training Date: ____/____/____
Verified By: _____

Submit this completed form to the Systems Development Office for approval.  
For questions, contact the Systems Development Office at 334-7563.

**Requester Name:**

\_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)  
 NC A&T SU email login: \_\_\_\_\_ Phone: \_\_\_\_\_ ext: \_\_\_\_\_  
 Dept: \_\_\_\_\_ Bldg: \_\_\_\_\_ Rm/Cubicle/Floor: \_\_\_\_\_

<i>Employment Status (check one):</i>			
<b>Permanent (EPA or SPA)</b>	<b>Temporary</b>	<b>Contracted Through Agency</b>	<b>Vendor</b>
		Anticipated End Date	Anticipated End Date

**Access Requested:**      Data Entry      Inquiry Only      Aggie Mart (Choosing this option requires a specific role)<sup>\*</sup>  
Requisitioner      Approver      Shopper

Access to Banner Finance is requested for the following funds.

Fund	Fund Owner(s) <i>Responsible Party Signature</i>	Date

**SIGNATURES:**

Requester: _____	Date: _____
Dept. Head/Dean/Supervisor _____	Date: _____
Provost: _____	Date: _____
Accounting /C&G Review: _____	Date: _____
Budget Office: _____	Date: _____

**\*Please Note:** You must have completed the Aggie Mart training to be allowed Aggie Mart access.

**NORTH CAROLINA A & T STATE UNIVERSITY  
Banner Finance Fund Access Request *(cont.)***

Access to Banner Finance is being requested for the following funds.

<b>Fund</b>	<b>Fund Owner(s)</b> <i>Responsible Party Signature</i>	<b>Date</b>

**SIGNATURES:**

Requester: _____	Date: _____
Dept. Head/Dean/Supervisor _____	Date: _____
Provost: _____	Date: _____
Accounting /C&G Review: _____	Date: _____
Budget Office: _____	Date: _____

**NORTH CAROLINA A & T STATE UNIVERSITY**  
**OFFICE OF THE COMPTROLLER**  
**CONFIDENTIALITY SECURITY AGREEMENT**

Banner Number: \_\_\_\_\_

I, \_\_\_\_\_ (*please print*), as an employee of North Carolina Agricultural and Technical State 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 and Comptroller as stated below:

1. All information processed through the Comptroller 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. University computers will be used for authorized purposes only. In accordance with university information technology policies (<http://www.ncat.edu/divisions/its/policy>), I will not perform an illegal or unauthorized activity(s) that would cause harm directly or indirectly to the university network and/or computer technology.
3. I will report to my supervisor any security violation as soon as I become aware of it.
4. 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.
5. 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 any action. When in doubt, I will confer with my supervisor.
6. 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 that I have been authorized and trained to use. I understand that I am responsible for the security of whatever data I retrieve. This includes use of ALL application software and screens.
7. I understand that any sign-on or password instructions issued are for my exclusive use and are not to be shared with or delegated to others and that I am responsible for their security.
8. I understand that information disclosed or acquired by reason of my employment at North Carolina Agricultural and Technical State University may be confidential, and I agree not to disclose any confidential information, data, or access, or security codes at any time during or after employment. This includes confidential information in verbal, electronic, and/or printed format.

Failure to abide by this agreement will result in my access being discontinued and the possibility of termination of employment at North Carolina Agricultural and Technical State University and may subject me to further legal recourse.

Requester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requester's Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Requester's Supervisor (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Requester's Supervisor (Signature): \_\_\_\_\_ Date: \_\_\_\_\_