

**NOTE:** Please remit this form and appropriate support to the Controller's Office for processing.

The College of Charleston takes the security of its financial and human resources data and systems seriously. This form is an important and necessary step in the process of establishing users of the Banner Finance Self-Service system (SSB), the Cognos reporting tool, ePrint reports, and other data sources. Your attention to proper completion is appreciated.

**NOTE:** This form is data-enterable.

Please do not leave blanks. INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED TO THE REQUESTOR.

**PROCESS FOR COMPLETING THE FORM:**

**Employee:**

1. The requesting employee completes all information on pages 2 and 3.
2. The User Name and CWID (**NOT** your social security number) should be entered on page 2.
3. The employee must read the non-disclosure agreement on page 2 and sign at the bottom of the page.

**Department Head (DH) or their Supervisor (if DH is requesting access):**

1. Initial next to the types of access requested on page 3,
2. Initial next to the indexes to which access should be granted on page 3, and
3. Sign the request form on page 3.

**NOTE:** Department Heads or their Supervisor (if DH is requesting access) should ensure that approval to see Human Resources information is only granted when intended.

The approved request is then forwarded to the Financial Security Coordinator in the Controller's Office.

**Financial Security Coordinator:**

The Financial Security Coordinator will identify the role(s) needed for the employee's job duties. The Associate Vice President for Budgeting and Payroll services, Controller (as Finance Data Steward), Procurement Director, or their respective designees must each approve the form before it is forwarded to the IT Banner Security Administrator. Once the IT Banner Security Administrator effects the requested changes, the IT Banner Security Administrator will notify Financial Security Coordinator, who will then establish access and notify the requesting employee and their supervisor that access has been established.

**If you have any questions regarding the form or process, contact the Financial Security Coordinator before submitting this form.**

A completed **Banner Finance Index/FOP Access Form** (formerly Signature Authorization Form) is the required next step. A Banner Finance Index/FOP Access Form is a record of all persons with authority for each index. This form is used by the Controller, Budget, and Procurement Offices as proof of which persons may requisition or approve eProcure carts; approval levels and approval queues; and who may authorize IDT's, budget, or journal entries. Without an updated Index/FOP Access Form, this processes will be incomplete. The Index/FOP Access Form and instructions are available on the Controller's Office web page (<http://controller.cofc.edu/>).

Employee's name:

Employee's job title:

Employee's home department name/number:

Employee's CofC ID number (CWID):

Employee's email address:

Employee's telephone number:

**Please only select one employment type:**

Faculty

Staff

Student

Permanent

Temporary

### The College of Charleston Non-Disclosure Agreement

This agreement is to ensure that College of Charleston (CofC) employees who have access to information that contains personal and/or confidential information about CofC employees, students, other individuals, or financial information (hereinafter "records") are aware of their responsibility to maintain the privacy and security of such records.

College of Charleston employees are authorized to access and modify records only to the extent necessary to perform their assigned job duties. Employees who have access to these records are responsible for protecting them from unauthorized access and inappropriate disclosure.

1. I have read the College of Charleston Privacy Policy and understand it, as well as the FERPA information on the Office of the Registrar's web site.
2. I will access records only as required to perform my assigned job duties.
3. I will store and protect records under secure conditions and make every effort to maintain their confidentiality.
4. I will not divulge, copy, release, sell, loan, review, alter, or destroy records except as properly authorized by the appropriate College of Charleston official within the scope of applicable state or federal laws, record retention schedules, internal policies, and departmental procedures.
5. I will forward all Freedom of Information Act requests and all other external data requests to the CofC Office of Legal Affairs for approval prior to releasing any data.
6. I will forward all campus requests for "directory" information, which may include a student's name, address, telephone, major, class standing, enrollment status, participation in any officially recognized activities and sports, weight or height of members of athletic teams, dates of attendance, or degrees awarded, to the Office of the Registrar, recognizing that these have to be screened for students who have placed holds on the release of directory information.
7. I will not allow any other person to log in to My.CofC.edu, Internet-Native Banner (INB), Self-Service Banner (SSB), BDMS, or any other College electronic system with my user name and password.
8. I will not use the login ID and password of any other person to access any College of Charleston electronic system.
9. If I do not know or understand the proper procedure for recording, updating, or deleting an electronic record I will ask someone for assistance and/or training before modifying that record.

I have read the College of Charleston Non-Disclosure Agreement and agree to comply with its provisions. I understand that failure to comply may result in disciplinary action.

Employee's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee's name:  Employee's CofC ID number (CWID):

Describe why your job requires Finance SSB access:

I am requesting access to:

**NOTE:** Please check all that apply. Department Head or their Supervisor (if DH requesting access) **MUST** initial next to all that are approved.

Department  
Head initials  
**(required)**

- Budgets and transactions data in Banner SSB Finance
- Cognos (data reporting tool)
- Human Resources reports which include **compensation** information

**-OR-**

- I ONLY need access to eProcure. I am **not** requesting access to financial or Human Resources data

I am requesting security to the following indexes:

**NOTE:** Please complete the index name, fund, organization and program for each index. If you do not know this information, please ask your Department Head or someone with access to Finance ePrint and refer to the Account Index Report to find this information.

Department  
Head initials  
**(required)**

	<u>Index number</u>	<u>Index name</u>	<u>Fund</u>	<u>Organization</u>	<u>Program</u>
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The requesting employee is responsible for ensuring that proper training is obtained.

**Department Head or their Supervisor's (if DH requesting access) Authorization**

I approve the requested access for this employee. In the event the employee transfers departments or is no longer employed by the College of Charleston, I will immediately notify HR, IT, and the Financial Security Coordinator to terminate access.

\_\_\_\_\_  
Printed name Signature Date

Requestor's name:

Employee's CofC ID number (CWID):

**APPROVALS**

SSB FINANCE ROLES (to be completed by Financial Security Coordinator)

Security Coordinator initials: _____	General Reports (BAN_COFC_F_GENERAL_REPORTS)
_____	Cognos Finance Consumer
_____	Labor Distribution Report (BAN_COFC_F_HR_REPORTS)
_____	SciQuest (eProcure) access only
_____	
_____	

Financial Security Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
Patrick M. Fillippa, or designee

Controller (Finance Data Steward): \_\_\_\_\_ Date: \_\_\_\_\_  
Dawn Willan, or designee

Budget Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Matt Nichols, or designee

Procurement Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Wendy E. Williams, or designee

FOR IT USE ONLY

Date received by IT Banner Security Administrator: \_\_\_\_\_

Date requested changes completed: \_\_\_\_\_

IT Banner Security Administrator name: \_\_\_\_\_

IT Banner Security Administrator signature: \_\_\_\_\_