

Hampton University Request for Online Requisition Training

Attendee/Employee Info

Full Name: _____

First
M.I
Last
Employee HUID #
Phone #

Department: _____ Title: _____

Employee Function _____ Date for Access: _____
 Job Duties _____

Banner Training Class Completed

Have you had Banner Navigation Training?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had Budget Training?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered No to any of the above questions, both Banner Navigation and Budget Training are required prior to Online Requisition Training		

APPROVER INFORMATION

NAME	TITLE	LEVEL 1000	LEVEL 2000	Special Auth LEVEL 3000	Special Auth LEVEL 4000

INDEX	FUND	ORGANIZATION	TYPE OF ACCESS QUERY/MODIFY/BOTH

Finance Approver Printed Name and Legal/Electronic Signature.
Date

Full Name:		EMPLOYEE HUID #
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System accounts will not be generated for persons not employed by Hampton University. Only staff persons who can be successfully verified as Hampton University employees through the Human Resources System, or through documentation such as contracts will receive access to M.I.S resources. User IDs generated for temporary employees or staffing persons will be at the risk of the department's supervisors and the agency at which the person is employed. Therefore the agency is liable for damages to information and or resources.

Supervisor's Printed Name, HU Phone # and Legal/Electronic Signature (Required)	Date

I have read and understand that access to computer systems and networks owned or operated by Hampton University imposes certain responsibilities and obligations and are subjected to other university policies, local, state, and federal laws. I understand acceptable use is always ethical, reflects academic honesty, and shows restraint in the consumption of shared resources. I am also held accountable for the use of any ID that I will use or have been assigned. It is my responsibility to protect the integrity of accessible systems and to preserve the confidentiality of accessible information as appropriated. I understand my duties and responsibilities in enforcing the Hampton University's Policy on Confidentiality and Security of the University's Information Systems. In addition my signature certifies that I have completed training as requested by my above supervisor. I also understand training is a pre-requisite and is a requirement for my position and is subject to change as required by my position.

Employee Printed Name, Legal/Electronic Signature (Required)	Date

Please be aware of the following:

1. *Forms and reporting results may contain Sensitive Personal Identifiable Information (PII) is information which, when disclosed, could result in harm to the individual whose privacy has been breached. Sensitive PII should therefore be protected. Such information includes biometric information, medical information, personally identifiable financial information (PIFI) and unique identifiers such as passport or Social Security numbers.*
2. The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. A **school official** with a **legitimate educational interest** is permitted access to an **education record**.

Official Use Only

Trainer's Printed Name , HU Phone Number, and Signature (Required)	Date
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