

Employees requesting access to the Banner Enterprise System or Banner data must complete both the Banner Training Request Form and the HU Policies & Procedures for Information Technology form. These forms grant access only to approved Banner modules.

## Submission Instructions

1. **Download** the forms to ensure access to fillable fields and electronic signature functionality.
2. Complete all required sections as outlined below:
  - The employee completes Employee Information section and signs.
  - The supervisor completes their information section.
  - Clearly list all Banner screens requested and/or budget Information (Index, Fund, Organization and Type of Access. (Do not sign)
  - Obtain required signatures from the Supervisor and the VP/Dean/Department Chair. (Page 4)
3. Do not sign:
  - The Access Requested page (Page 3), or
  - The Approvers section (Page 4), which are designated for the Supervisor, the VP/Dean/Department Chair, Data Steward and Human Resources.
4. Submit the completed Banner Access Request Form and Policies & Procedures for Information Technology to [bannerjobs@hamptonu.edu](mailto:bannerjobs@hamptonu.edu)



# BANNER TRAINING/ACCESS REQUEST FORM



## Employee Information

Name (First, Middle, Last)		Department
Title	HUID #	Phone #
Employee's Function/Job Duties	Previous Sign-in Names in Banner	Employee Status: New Employee Current Employee Position Change Temporary Employee

This certifies that I \_\_\_\_\_ will complete training as requested by my supervisor.  
Printed Name

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 always is 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 appropriate. I understand my duties and responsibilities in enforcing 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 Signature (Required)	Date
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## Supervisor's Information

Name (First, Middle, Last)		Department
Title	HUID #	Phone #

## Training

## Banner Modules

- Navigation
- Budget
- On-Line Requisition
- Argos Reporting

- Student
- Financials
- Alumni
- Human Resources
- Financial Aid

\*\*\* Please remember to fill out the Argos Form for access to Reports)



# BANNER TRAINING/ACCESS REQUEST FORM

## Access Requested

### Employee/Department Roles


### Banner Screens


### Budget/Grant Information (Complete this section if budget information is needed)

Index	Fund	Organization	Type of Access Query/Modify/Both

Check if additional account numbers are attached to this form

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Printed Name

Signature

Date

Business/Grant Office Approval



# BANNER TRAINING/ACCESS REQUEST FORM



## Approvers

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, Signature and Phone Number (Required)	Date

VP/Dean/Chair of Department Printed Name, Signature and Phone Number (Required)	Date

Data Steward(s), (Department that owns data) Printed Name, Signature and Phone Number (Required)	Date

HR Approval for TEMP Employees Printed Name, Signature and Phone Number (Required)	Date

**\*\*\*Note: HR must approve Banner access prior to an access/training)**

## EAS Banner Team Use Only

<b>Banner Training Class Completed</b>	<b>Dated Completed</b>
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Banner Navigation	_____
Banner Financials – Budget/Grant Management	_____

Trainer's Printed Name and Signature	Date Completed

<b>Hampton University's</b>			
<b>Policies &amp; Procedures for Information Technology</b>			
<b>Date</b>		<b>Department</b>	Computer Center
<b>Policy</b>	Confidentiality and Security of Information Systems		<b>Policy No:</b> 001.00A

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**(Print Name First, Middle, Last)**

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 always is 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 appropriate. I understand my duties and responsibilities in enforcing the Hampton University's Policy on Confidentiality and Security of the University's Information Systems.

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Legal or Electronic Signature **(Required)**

Date

<p><b>Violation</b>  Violations or suspected violations of the policies enumerated above should be reported promptly to the Vice President for Division of Information Technology @ 728-6988.</p>
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