

**Instructions:** Employees requesting access to Banner Enterprise System or data must complete a Banner Training Request Form and HU Policies & Procedures for Information Technology form. This form grants access to **APPROVED** Banner modules.

1. Complete the required fields. (Supervisor & Employee Signature(s) Required)  
We are **no longer** copying profiles. You **must** submit the names of the screens you are requesting.
2. Submit the completed Systems 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
-------------------------------	------

## Supervisor's Information

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

## Training

## Banner Modules

Navigation

Student

Budget

Financials

On-Line Requisition

Alumni

Argos Reporting

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

--	--	--

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

Date

Printed Name, Signature and Phone Number (Required)

--	--

Data Steward(s), (Department that owns data)

Date

Printed Name, Signature and Phone Number (Required)

--	--

HR Approval for TEMP Employees

Date

Printed Name, Signature and Phone Number (Required)

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

## EAS Banner Team Use Only

**Banner Training Class Completed**

**Dated Completed**

Banner Navigation

\_\_\_\_\_

Banner Financials – Budget/Grant Management

\_\_\_\_\_

--	--

Trainer's Printed Name and Signature

Date Completed

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

I

(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.

Legal or Electronic Signature (Required)

Date

**Violation**

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

BDS 001.00 ver. A Path: \groups\policies

v