COLLEGE *of* CHARLESTON

Banner Human Resources/Payroll INB Role Authorization Request Form

* Please print

Employee's Name:	Job Title:	Department:
Employee's CofC ID Number:	Employee's E-mail Address:	Employee's Telephone Number:

Faculty ☐   **Staff** ☐   **Student** ☐   **Perm** ☐   **Temp** ☐

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 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.
2. I will access records only as required to perform my assigned 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 not allow any other person to log in to My.CofC.edu, Internet Native Banner, Self Service Banner, BDMS, or any other College electronic system with my user name and password.
7. I will not use the login ID and password of any other person to access any College of Charleston electronic system.
8. 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.
9. 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: _____

COLLEGE *of* CHARLESTON

Banner Human Resources/Payroll INB Role Authorization Request Form

PROCESS:

Requesting Supervisor completes the sections requesting Full Name, User Name, CWID and specific employee duties requiring INB access. Requesting Supervisor will determine all appropriate roles required for this employee to complete his/her job responsibilities. The Supervisor and Department Head must approve the request. The approved request is then forwarded to the appropriate Data Steward(s). For each module where access is requested, signature approval of the Data Steward must be obtained.

Each Data Steward will approve/modify the roles needed for your position. Each Data Steward will then forward the request to the next Data Steward or, if the form is complete, will forward the completed request to the IT Banner Security Administrator. **Note: Only completed forms will be accepted by the IT Banner Security Administrator.** Once the IT Banner Security Administrator effects the requested changes, the IT Banner Security Administrator will notify the employee and supervisor.

Full Name:_____ **User Name:**_____ **CWID:** _____

What are the Employee's duties:

The requesting Supervisor is responsible to ensure proper training is provided. If you are unable to provide the proper training, contact Human Resources.

Supervisor Authorization

Requester's Supervisor's Name & Title (Printed)	Department	Supervisor's Signature	Date
Email:		Phone Number:	

I approve the requested access this employee. In the event the employee leaves the department or is terminated, I will immediately notify HR and IT to terminate access.

Department Head Authorization

Requester's Department Head Name & Title (Printed)	Department Head's Signature	Date

COLLEGE *of* CHARLESTON

Banner Human Resources/Payroll INB Role Authorization Request Form

ACCESS REQUEST:

Human Resource / Payroll Roles (to be completed by the approving Data Steward)	
	Admin Query (BAN_COFC_H_ADMIN_QUERY)
	All HR Users (BAN_COFC_H_ALL_USERS)
	Benefit/Deduction Data Entry (BAN_COFC_H_BENEFIT_DEDUCTION)
	Benefit Manager (BAN_COFC_H_BENEFIT_MANAGER)
	Budget Manager (BAN_COFC_H_BUDGET_MANAGER)
	Budget Officer (BAN_COFC_H_BUDGET_OFFICER)
	Department Manager (BAN_COFC_H_DEPT_MANAGER)
	Department Time Entry Originator (BAN_COFC_H_DEPT_TIME_ENTRY)
	Electronic Approvals Approver (BAN_COFC_H_ELECT_APRVL_APRVR)
	Electronic Approvals Manager (BAN_COFC_H_ELECT_APRVL_MANAGER)
	Electronic Approvals Originator (BAN_COFC_H_ELECT_APRVL_ORIG)
	Employment Data Entry (BAN_COFC_H_EMPLYMNT_DATE_ENTRY)
	Employee Relations Manager (BAN_COFC_H_EMP_RELATIONS_MGR)
	Faculty Tracking Administration (BAN_COFC_H_FACULTY_TRACK_ADMIN)
	Human Resources Basic (BAN_COFC_H_HR_BASIC)
	Human Resource Manager (BAN_COFC_H_HR_MANAGER)
	Human Resource Security Maintenance (BAN_COFC_H_HR_SECURITY_MAINT)
	Institutional Research (BAN_COFC_H_INST_RESEARCH)
	Payroll Manager (BAN_COFC_H_PAYROLL_MANAGER)
	Payroll Processing (BAN_COFC_H_PAYROLL_PROCESSING)
	Payroll Time Entry (BAN_COFC_H_PAYROLL_TIME_ENTRY)
	Position Control/Budgeting (BAN_COFC_H_POSNCTL_BUDGET)
	Web/Department Time Entry Approver (BAN_COFC_H_WEB_DEPT_TIME_APRVR)

What type of employee classes should this employee have access to view?

___ ALL

___ Academic (Faculty, Coaches, Academic Unclassified, Faculty Adjuncts)

___ Staff (Permanent Exempt Staff, Permanent Nonexempt Staff, Temporary Employees)

___ Students (Non Work Study, Federal Work Study, Graduate Assistants)

Which College of Charleston organizations should this employee have access to view?

___ ALL

___ Range from _____ to _____

COLLEGE *of* CHARLESTON

Banner Human Resources/Payroll INB Role Authorization Request Form

APPROVALS:

HR/Payroll Data Steward: _____ Date: _____

Dee Cole / Sam Jones

Payroll Manager: _____ Date: _____

Everett McInnis

Date Received by IT Banner Security Administrator: _____

Date Requested Changes Completed: _____

IT Banner Security Administrator: Name: _____

Signature: _____

If you have any questions regarding the form or process, contact that area's Data Steward.