NATIONAL-LOUIS UNIVERSITY
Web Time Approval Banner Access Request Form

Web Time Entry BANNER ACCESS REQUEST FOR:

NAME: _____________________________________ DIVISION/DEPT: _____________________________________
(Please Print)
TITLE: _______________________________ EXT: __________ CAMPUS: ________________________________

E-MAIL: ________________________________@nl.edu

APPROVAL MANAGER:
Submit for approval to H.R./PAYROLL (Tom Bergmann/Marty Mickey)

APPROVED BY: ________________________________ DATE: ________________________________

Note:
This Form is used to request an administrative banner account for the purpose of Web Time Entry Approval by supervisors, and managers. This form is not necessary if a Banner Account already exist for the employee. If additional access is needed please use the regular banner account request form downloadable from http://oit.nl.edu.

→STOP ....Please return this form, along with a signed Confidentiality Agreement (pg. 2) to OIT, Wheeling Campus for processing. FAX: 847.465.5920. Please make sure it has been approved.

TO BE COMPLETED BY OFFICE OF INFORMATION TECHNOLOGY:

LOGIN NAME: ________________________________ DATE INFO. SENT: ________________________________

⇐ Please Return the completed form to OIT, Wheeling Campus.

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This form can be found on the web at: http://oit.nl.edu/documents
Privacy and University Record Systems at National-Louis University
Staff and student information, whether online, written, printed, taped, or filmed is treated seriously.

Statement of Confidentiality
We ask that all University employees who have access to sensitive information sign a Confidentiality Agreement. Employees who sign this document agree to keep private information confidential and that they are responsible for the data they input or retrieve from any University information system.

Making your BANNER information confidential
In general, all information in the BANNER system is treated as confidential, but you can add additional privacy emphasis to your data by requesting that your records be formally marked as CONFIDENTIAL. For employee records, the form is available from the Office of Human Resources.
When this form is processed, a BANNER user who accesses your personal data will be notified that the information is CONFIDENTIAL before actually displaying the data. This confidentiality indicator doesn't prevent anyone from seeing your record, it simply underscores your desire to keep the information private.

STATEMENT OF CONFIDENTIALITY ON UNIVERSITY RECORDS
All employees of National-Louis University (NLU) (administrative, academic, staff and student workers) are required to abide by the Family Educational Rights and Privacy Act (20 U.S.C. 1232g) and other laws governing review and release of confidential and/or personal records.

Inappropriate use of confidential and/or personal records, whether online, written, printed, taped, or filmed, is a violation of the law and could result in civil and/or criminal prosecution. Under no circumstances should a University employee intentionally or unintentionally divulge confidential and/or personal information about any other University employee or student to anyone who has not been authorized to receive such information by the appropriate University administrator charged with maintaining the data being requested.

Access to one or more of the University Record Systems will be granted to those University employees who have received approval from their supervisors and the University administrator charged with maintaining the data being requested.

University employees who have been granted access to any of the University Record Systems must accept the responsibility of working with confidential and/or personal records and comply with the rules governing the use of these records. The following rules apply to all University employees with access to any of the University Record Systems:

1. Every University employee will use only his/her logons and passwords. Logons and passwords are to be kept confidential and should not be shared or given to anyone, including supervisors, co-workers, student employees, or friends. It is the responsibility of each University employee to change logons and passwords on a regular basis or whenever he/she feels someone else (supervisors, co-workers, student workers, friends, or others) may have obtained access.
2. Each University employee is held responsible for any data that is input with his/her logon or password while using the University Record Systems. Only authorized input for adding or modifying data is allowed.
3. Each University employee is held responsible for any data retrieved while using the University Record Systems. Only authorized data may be retrieved. Confidential and/or personal records must not be left in view of others who have not been authorized to receive such information by their University position or by their University supervisor.

CONFIDENTIALITY AGREEMENT
I, ____________________________ [Printed Name of employee], hereby agree to preserve the confidentiality of any and all records that I view or have access to during and after the course of my employment with National-Louis University (NLU) ____________________________ [Office or Department Name]. I understand that records may be confidential by virtue of the Family Educational Rights and Privacy Act (20 U.S.C. 1232g) and other laws. Under these privacy laws, I may not disclose information about either NLU employees or NLU students, unless I am certain that a provision of the law allows disclosure in particular circumstances.
If in doubt about the confidentiality of any record or my ability to legally disclose information, I agree to consult with my supervisor (who in turn may consult with University legal counsel) before disclosing any student or employee information. This agreement is given in consideration for my continued employment at National-Louis University ____________________________ Office or Department Name]. The terms of this agreement remain in effect during and after my employment with the National-Louis University ____________________________ [Office or Department Name].

SIGNED: ____________________________ DATE: ____________________

⇐ Please Return the completed form to OIT, Wheeling Campus.