

Section C: Confidentiality Agreement

UNIVERSITY OF CHICAGO
ACCESS TO CONFIDENTIAL INFORMATION AUTHORIZATION FORM

SUBMIT COMPLETED FORM TO: **Workday Knowledge Center**

- 1. Your login ID(s) & password(s) are unique to you as a user of one or more of the University's systems. Your login IDs & passwords must be kept confidential. Your login IDs & passwords replace your handwritten signature and are legally equal to a handwritten signature.
- 2. Your login ID(s)/password(s) are necessary for you to perform your job, so you must memorize them and store any written login IDs & passwords in a secure place.
- 3. If you suspect that someone else is using your login ID(s)/password(s), or if your password card has been lost or stolen, you must immediately notify your supervisor and request a replacement.
- 4. If you undergo a status change of any kind (job description, job title, name, promotion, or resignation/termination), remind your supervisor to inform the appropriate central office(s) so that the information can be updated.

ACCESS REQUEST TO CONFIDENTIAL INFORMATION

It is requested that _____ Employee Name _____ ChicagoID _____
from _____ Department _____ be granted access to the following:

System Name (check all that apply)

- Accounts Payable System (APS)
- Financial Accounting System (FAS)
- Integrated Reporting Facility (IRF)
- Workday (Current Payroll/Personnel System)
- Real Estate Operations System (REO)
- Former Payroll/Personnel System (HRMS)
- Other: _____

EMPLOYEE STATEMENT

I understand the University's policy on the necessity of login ID/password security. I have read and understand the four (4) points listed above and will handle my login IDs & passwords as stated.

I also understand the University's policy on maintaining the confidentiality of information. I have read and understand the Employee Manual and Personnel Policy #U601.01, regarding Treatment of Confidential Information. I understand that all of these policies apply to me and that my failure to observe these policies may result in disciplinary action including, but not limited to, discharge.

Finally, I understand that a signed copy of this form, *Access to Confidential Information Authorization*, will be placed in my personnel file.

Employee Signature

_____/_____/_____
Date

APPROVALS

Supervisor Signature

_____/_____/_____
Date

Human Resources/Provost Signature

_____/_____/_____
Date

SUBMIT COMPLETED FORM TO: workdaysupport@uchicago.edu