

INSTRUCTIONS:

1. The Accountholder with their Supervisor completes the form and signs. The Accountholder's Supervisor signs in Section 2. All requests are reviewed by the **HRIT team** and the appropriate **Local HR contact**.
2. The form is forwarded either by mail or scanned for email. The completed form is submitted to the **HRIT team** by email to HRIT@northeastern.edu, by fax at x5090, or by mail to 250 Columbus Place, 716 Columbus Avenue. (Telephone extension is 2230).
3. The **HRIT team** implements the requested access and notifies the **Accountholder** and **Supervisor**.

IMPORTANT NOTICES

NOTICE OF CONFIDENTIALITY AND APPROPRIATE USE POLICY

In being granted access to the Banner HR system, you verify that you have reviewed, understand and agree to the terms of the [Appropriate Use Policy](#) and the Information Security Awareness Training (found on the myNU portal, Canvas). Further, you agree to: access, use, distribute and share data only as needed to conduct University business as specified in your position/engagement description, to respect the confidentiality and privacy of individuals whose records or data you access, to observe all ethical and legal restrictions that may apply to data you view or handle (including Pii data), to protect your password(s), to report knowledge of security breaches or information security policy violations to Information Security and HR, and to comply with all department and University policies and procedures. Unauthorized access to, use of, reproduction or disclosure of or inappropriate access to such information (in paper format or any system of record to which you have access) supplied by and/or relating the University and its faculty, staff, students or your own information is prohibited.

The University reserves the right to change the Appropriate Use Policy or any portion of the policy, at any time, without prior notice. Changes to the policy are effective upon posting at <https://policies.northeastern.edu/>, where the most current version resides.

NOTICE OF REQUIREMENT TO MAINTAIN CONFIDENTIALITY All individuals engaged by the University are required to keep all

Northeastern University Information strictly confidential. No use or disclosure of any kind is permitted, except only as may be authorized under the terms/scope of employment, engagement, and/or as may be explicitly authorized in writing by an officer of the University. To prevent unauthorized access to confidential information, you must log out of all applications and electronic files containing confidential information and secure any confidential printed materials before leaving your work area or general access area.

NOTICE OF ACCOUNTHOLDER and MANAGER RESPONSIBILITY **Accountholders** are responsible for all transactions conducted under their user ID. **Managers** are responsible to notify HR and DBS Security when an individual whom they have approved for access is transferred or terminated from their department.

Date: _____

Date (MM/DD/YY)

Section 1: Accountholder Information

NUID	First Name	Last Name	Department
_____	_____	_____	_____
Campus Address	Email Address	Telephone	
_____	_____	_____	XXX-XXX-XXXX

Current University Employee Roles - For Non-employee roles (including Temps) the end date **MUST** be entered, and cannot exceed one year from date required.

Staff/Faculty	Part-time Staff	Consultant	Temporary
_____	_____	_____	_____
End Date (MM/DD/YY)	End Date (MM/DD/YY)	End Date (MM/DD/YY)	End Date (MM/DD/YY)

Note: The HR Operations Assistant Manager will validate this request when Local HR access is requested.

I agree to all of the terms and conditions listed above under **Important Notices**.

Accountholder Signature: _____

Date: _____
Date (MM/DD/YY)



Section 2: Manager/Local HR Approval and Agreement

NUID

First Name

Last Name

Department

Manager: _____

NUID

First Name

Last Name

Department

Local HR: _____

Manager/Local HR Agreement: I approve this request for data access in accordance with University Policy. For the accountholder named above, I approve the grant or continuance of the **Banner** roles listed. I certify these roles are required to allow the named account-holder to perform assigned work-related duties.

Manager Signature: _____

Date: _____ Date (MM/DD/YY)

Local HR Signature: _____

Date: _____ Date (MM/DD/YY)

Section 3: Request Type and Reason

Access Request Type: ☐ New Access ☐ Modify Access ☐ Delete Access

Reason for Request: ☐ New Hire ☐ Termination ☐ Transfer ☐ New Responsibilities

Access Roles to be applied (Check all that may apply):

If mirroring an existing user profile then specifying Role information below is not required.

Is there an existing user profile that can be mirrored? If so please enter Name and NUID below:

Name

NUID

Roles with University within Authorized Organizations (specifically named below)

- | | | |
|---|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Master Org or _____ | <input type="checkbox"/> Master EE Class or _____ |
| <input type="checkbox"/> Internal Audit | <input type="checkbox"/> Master Org or _____ | <input type="checkbox"/> Master EE Class or _____ |
| <input type="checkbox"/> Institutional Research | <input type="checkbox"/> Master Org or _____ | <input type="checkbox"/> Master EE Class or _____ |
| <input type="checkbox"/> Student Employment | <input type="checkbox"/> Master Org or _____ | <input type="checkbox"/> EE Class _____ |
| <input type="checkbox"/> Local HR | <input type="checkbox"/> Master Org or _____ | <input type="checkbox"/> Master EE Class or _____ |
| <input type="checkbox"/> Associate Dean Admin Finance | <input type="checkbox"/> Master Org or _____ | <input type="checkbox"/> Master EE Class or _____ |

Roles with Organization Level Security (Exec, Division and/or Org)

ePrint _____

EPAF Approver _____ Originator _____

☐ Salary Planner Query _____ Update _____

Roles with University Level Security within Human Resources

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Compensation |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Finance Forms | <input type="checkbox"/> HRIT |
| <input type="checkbox"/> Operations | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Student Forms | |

Access to Reporting

If the accountholder requires access to reporting, please be sure to submit the Argos Request Form [here](#).

HRIT USE ONLY

HRIT Signature: _____ Date: _____
Signature Print Name Date (MM/DD/YY)

Comments: _____ Change Request (CHG) #: _____