Northeastern Illinois University

NEIUworks Access Request for Employees

☐ **New Employee**   ☐ **Modification to an Existing Account**

EMPLOYEE INFO

Net ID: _____ (NEIUport login, **NOT** ID number or E-mail address)   **ID Number:** _____

Name: _____   **E-mail:** _____

Department: _____   **Job Title:** _____   **Phone:** _____

Employee type: ☐ **Faculty**   ☐**Staff**   ☐**Student**   ☐**Extra Help**

GENERAL ACCESS

☐ **Department Network Drive**

Note: H and U drives are automatically added

☐ VPN access

☐ **Department Email Account, Email Address:**_____

Purpose:_____

_____

End Date:_____

Printer Setup
☐**Local**

☐**Shared Location:**

_____

☐ **Google Groups Account (List-Serv)**

Purpose:_____

_____

End Date:_____

APPLICATION ACCESS

☐ **STUDENT ADVISING (Advisor Trac)** **Describe what you need to do:**

_____

_____

☐ **STUDENT TUTORING & TRACKING (Tutor Trac)**

☐**STUDENT ENGAGEMENT (Campus Labs)**

☐ **STUDENT CONDUCT MANAGEMENT (Simplicity Advocate)**

☐**STUDENT SCHOLARSHIPS (Academic Works)**

☐**STUDENT TESTING MANAGEMENT (Accuplacer)**

☐**STUDENT CLUB MANAGEMENT (Collegiate Link)**

☐ **CAMPUS RECREATION (Fitness Trac)**

☐**NEIUport STUDENT TAB REQUEST**

Purpose:_____

_____

_____

WEBSITE CONTENT MANAGEMENT SYSTEM

Role needed: **List sites where access is requested**
☐**Author**   **(i.e. alumni.neiu.edu, neiu.edu.administration):**
☐**Editorial Approver**   _____
☐**Other**   _____

☐**FINANCIAL ADVISOR CHANNEL**

Please indicate the fund and organization account. If needed, please review the COA Hierarchy report found at NEIU*port*. Please use the highest level (rollup) Org when applicable. All organizations under the higher level (rollup) will automatically be accessible. If additional accounts are needed, please attach a spreadsheet indicating those accounts.

FUND/ORG CODE:		**FUND/ORG CODE:**	

1. **Information is to be used only by authorized individuals conducting the business of the department** indicated on the first page of this form.
2. **Use of information for personal or other non-University purposes is not allowed.**
3. **Discussing information** with or revealing it to anyone except authorized University staff members, is not allowed.
4. **Many items of financial and student information are protected by federal law** and must be safeguarded. Unauthorized inquiries or use may violate the federal and state law.
5. **Information can be released to a student only when the student's identity is verified.** In person, a photo ID is required, over the phone, identifying questions must be asked to confirm the identity of the student.
6. **Monitors should not be publicly viewable**, that is, monitors should not face non-authorized persons. Do not walk away from an unlocked computer while logged into Banner or other sensitive systems. Documentation and job aids must be safeguarded.
7. **Login credentials are not transferable or sharable.** Do not share your user name or password with anyone. See the NEIU policy on Acceptable Use of Information Technology Resources.
8. **Entering and updating your own information is not allowed.**

Review the following documents, then indicate your affirmation of compliance below.

_____
Initials **Acceptable Use Policy:** See the NEIUport login screen or go to
http://www.neiu.edu/DOCUMENTS/NEIUworks_UIS - Docs/I1_IT/01_Acceptable_Use/Pol_I1.1.1.pdf

_____
Initials **Statement on the Privacy of Student Records:** See the NEIUport login screen or go to
http://www.neiu.edu/DOCUMENTS/NEIUport - Docs/ferpa/ferpa.pdf

_____
Initials **Data Standards Manual:** See the NEIUworks General Purpose Documentation web page or go to
http://www.neiu.edu/DOCUMENTS/NEIUworks - Docs/General Purpose - Docs/data_standards_2011-09-22.pdf

AFFIRMATION OF COMPLIANCE: I am requesting access to the systems, applications, and services listed. I have read the Affirmation of Compliance, Acceptable Use Policy, the Statement on the Privacy of Student Records, and the Data Standards Document, and agree to comply.

Employee Signature: _____ **Date:** _____

AUTHORIZATION: As the employee's immediate supervisor or Dean/Director/Department Chair, **I approve** the access requested on this form. **If the employee named above leaves this department, I will notify UTS immediately** so the employee's account can be inactivated.

Supervisor

_____ _____ _____
Signature   Print Name   Date

Dean/Director/Department Chair

_____ _____ _____
Signature   Print Name   Date

***Print the completed form, have it signed, and send to:* NEIUworks Access Request, Help Desk, LWH-0004**
Forms with illegible or incomplete entries will be returned. Signed forms can be scanned and emailed to helpdesk@neiu.edu. Typically, you will receive an e-mail with new account details within five business days.