Human Resources Information System (HRIS) Access Authorization Form

Name _____Employee ID#_____

Title _____School/Dept. _____

Phone_____E-mail _____ NetID_____Campus _____

NOTE: **Students must enroll themselves for HRIS classes on Self Service** at https://nuhr.northwestern.edu. Go to the *Learning and Development* folder. Click *Request Training Enrollment.* Click *Search by Course Name.* Type in *HRIS***.** Click *Search*, and all scheduled courses for HRIS will be listed.

The Lookup Class is a pre-requisite to the other 3 classes. In Lookup Class, you will receive your HRIS ID and password. Put a checkmark next to any of the other three training classes that you need to attend. For Deployment Training, please note there is an additional security form that needs to be completed for access.

Lookup____X_____ Deployment_____ Query_____ Temp Panel_____

Which **department(s)** will you require access to? (You should fill in the department IDs. If you need more room, attach a separate sheet of paper with a list of department IDs).

6-Digit Dept. #	Department Name	6-Digit Dept. #	Department Name

If requesting to be set-up exactly like another HRIS User(s) in your dept/group, who is/are the other User(s)? _____
Do you replace an HRIS user who left the department? If yes, what is the employee's name?_____

Statement of Agreement

- I will not use the product to process data other than that of Northwestern University. I will not make available or disclose the contents of the PeopleSoft product or any portion thereof to parties outside the Northwestern University community. Furthermore, I will not make copies of the PeopleSoft product.
- I understand that some of the information in HRIS falls under the guidelines of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I have read and understand the Northwestern University Security Policy on Electronic Protected Health Information governing HIPAA regulations. I have attached my duties that require access to protected Health information.
- I will not seek personal benefit or permit others to benefit personally from information contained in the Human Resources Information System.
- I will not divulge the contents of any record to any person except in the conduct of my work assignment and in accordance with University and departmental policies.
- I will not knowingly include or cause to the included in any record or report a false, inaccurate, or misleading entry.
- I will not divulge any personal ID's or passwords to anyone, whether University personnel or others.
- I understand that the submission of this form authorizes the HRIS division to subscribe me to the HRIS listserve using my e-mail address as listed above.

I HAVE READ THIS STATEMENT OF AGREEMENT FULLY AND UNDERSTAND THAT ANY VIOLATION OF THIS AGREEMENT IS CAUSE FOR IMMEDIATE DISMISSAL OR OTHER APPROPRIATE DISCIPLINARY ACTION.

_____
APPLICANT'S SIGNATURE DATE

_____
SUPERVISOR'S SIGNATURE DATE

_____
SCHOOL ADMINISTRATOR'S SIGNATURE DATE

_____
HUMAN RESOURCES APPROVAL DATE

_____
SCHOOL ADMINISTRATOR – PRINT NAME

APPLICANT'S, SUPERVISOR'S AND SCHOOL ADMINISTRATOR'S SIGNATURES ARE MANDATORY.
NOTE: Forms that do not have all the requested duties and signatures will not be processed until a form with all signatures in original is received.

Please mail (**DO NOT FAX**) the completed form to Keenya Booker-Law, HRIS,1800 Sherman, Suite 600, Evanston
Questions? Call (847) 467-1578 or email k-booker-law@northwestern.edu.

For questions about classes, contact Eva de Souza at e-desouza@northwestern.edu or call (847) 467-1451.

FOR HRIS USE ONLY, updated 04/02/2009

Roles _____**Row Security** _____ **HRIS ID** _____**PASSWORD** _____

Assigned by/Date_____ **Attended LookUp Class? ☐ Date**_____