

Human Resources Security Authorization MaineStreet HR Data Access Request Form

Complete and submit request to hris@maine.edu

Purpose and Instructions				
<p>This form is to request or make changes in security access for the Human Resources modules of MaineStreet. Complete this form to add, delete, or change access for users who either need to run reports or be granted access to HR information. Access to Human Resources data allows an employee to have access to information that is confidential and/or sensitive and that may not generally be available to the public or only be available in a limited manner. Access to this data comes with the responsibility that the information only be used for official and assigned University business while maintaining the strictest standard of confidentiality. Accessing information for personal or inappropriate reasons is prohibited.</p>				
Employee Name	EMPLID	Business Unit/Campus UMS__	DeptID	College/Dept
Employee Title	Supervisor Name			
Access Change Request:				
Add Access	Revise Access	Delete Access	Effective Date:	
Additional HR data access needed (if similar to an existing employee, please indicate and provide EMPLID):				
Departments or College requested for additional access:				
Job requirements that warrant this access:				
Authorization:				
<p>It is understood that with the granting of the above requested access that:</p> <ol style="list-style-type: none"> 1. Passwords will be maintained in a secure fashion and will not be shared, and 2. Access to information will be consistent with assigned responsibilities, and removed when no longer needed, and 3. As agreed to in the Human Resources Confidentiality Agreement (see page 2 of this form), information contained in the Human Resources modules is considered confidential and will be shared only as necessary, only with those who have a need to know, and only in the performance of assigned responsibilities. 				Date
Employee Signature				Date
Supervisor Signature				Date
Completed by HR Security Administrator				
Completed By	Date Processed	MS Sec Added		
Notes				

University of Maine System
Employee Confidentiality Agreement

As an employee of The University of _____, I may be provided with access to Compliant or Business Sensitive Data. Such data, including personal or private information concerning faculty, staff, students, or others associated with the University will be referred to herein as “confidential” information.

I will use my access to confidential information for the sole purpose of conducting permitted University business and understand that the use of confidential information for personal or other unauthorized purposes is prohibited. As an employee of the University of Maine System, I am entrusted to protect sensitive information, whether or not it is labeled or identified as such and agree to abide by the following requirements:

- a) I will NOT access or attempt to access information that I am not authorized to access;
- b) I will NOT make unauthorized use of, or seek personal benefit from, any confidential information to which I have access;
- c) I will NOT disclose or provide access to confidential information to any person who is unauthorized to view such information.

I understand that my access to confidential information is often facilitated by electronic information systems. I will not give unauthorized access to such systems and I will keep all related passwords secure. If any circumstance requires me to share a password, I will immediately reset it once the situation is resolved. Likewise, if a University employee shares a password with me for emergency purposes, I will advise the employee to immediately reset the password once the situation is resolved.

I will process and store confidential information in a secure way. When no longer needed, papers containing confidential information will be shredded and electronic files that contain confidential information will be securely deleted in accordance with records retention policy.

I understand that this statement and additional guidance relating to securing information can be found within the University of Maine System Information Security Policy and Security Standards and Administrative Practice Letter (APL VI-C). I also understand that student education records are specifically protected under the Family Educational Rights and Privacy Act (FERPA), and I will seek guidance from the Registrar’s Office if I am unsure about appropriate disclosure of such information. I further understand that certain departments or units within the University perform health care or health plan functions and are bound by privacy and security related policies and procedures created under the Health Insurance Portability and Accountability Act (HIPAA).

By signing and dating this agreement, I understand the permissions and authorizations I have been given to confidential information, agree to these terms, and acknowledge that failure to do so may result in disciplinary action. I also understand that this agreement remains in effect continuously for the duration of my employment by the University of Maine System.

Employee Signature: _____ Date: _____