

**HUMAN RESOURCE INFORMATION SYSTEM
ACCESS AND COMPLIANCE FORM
FACULTY**

MPP ADMINISTRATOR:

My signature below certifies that _____, an employee under my supervision, requires access to data in the Human Resource Information System because such data is relevant and necessary in the ordinary course of performing his/her job duties as a _____ (job title) in the _____ (unit) at California State University, _____.

I understand my obligation to provide training to this employee to ensure that he/she understands the state and federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records, including data that is accessible through the Human Resource Information System.

Name (please print)

Signature

Date

Title

FACULTY EMPLOYEE:

I certify that I have received training on the appended state and federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records, including data that is accessible through the PeopleSoft Human Resource System.

I understand that I am being granted access to this information and data based on my agreement to comply with the following terms and conditions:

- I will comply with the state and federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records, including data that is accessible through the Human Resource Information System. While a current summary is attached, state and federal laws may be revised that may necessitate additional training and requirements.
- My right to access information and/or data is strictly limited to the specific information and data that is relevant and necessary for me to perform my job-related duties.
- I will maintain the privacy and confidentiality of the information and data that I obtain, including its storage and disposal.

- Before sharing information or data with others, electronically or otherwise, I will make reasonable efforts to ensure that the recipient is authorized to receive that information or data. I will sign off the Human Resource Information System prior to leaving the terminal/PC.
- I will keep my password(s) to myself, and will not disclose them to others unless my immediate supervisor authorizes such disclosure in writing.

I understand that if I intentionally misuse personal information or data that I obtain through my employment, I will be subject to disciplinary action up to and including termination.

I certify that I have read this Access and Compliance Form, I understand it, and I agree to comply with its terms and conditions.

Name (please print)

Signature

Date

Title