

Prairie View A&M University
 Business Computing Services Web Applications
 Statement of Responsibility
 FY 2012

I understand that all information concerning employees which may come to my knowledge while using any of the applications defined on this form is to be held in the strictest confidence and may not be disclosed except as provided in policy and procedures pertaining to performance of my job duties and assignments.

I acknowledge my responsibility for strictly adhering to university policy and state and federal law. I also am aware that penalties exist for unauthorized access, unauthorized use or unauthorized distribution of information contained in or accessed from these applications.

I understand that computer system password(s) I receive or devise is (are) confidential. I will not disclose to any unauthorized person any password(s) which I am given or devise and I will not write down such password(s) or post them where they may be viewed by unauthorized people. I understand that I am responsible for any computer transaction performed as a result of access authorized by use of my password(s). I agree further NOT to attempt to circumvent the computer security system by using or attempting to use any transaction, software, files or resources I am not authorized to use. I understand that use of a password not issued specifically to me or to a group of which I am a member is expressly prohibited.

I understand that failure to observe these restrictions constitutes a "Breach of Computer Security" as defined in the Texas Penal Code, Chapter 33, and that such an offense will subject me to university or agency disciplinary action and criminal prosecution to the full extent of the law.

I understand that I must initially complete the required FMLA, HIPPA, & Time off Issues for Supervisor training before application role access is granted FMLA training is required for all Leave Coordinators. Henceforth, the required trainings must be kept current every two years or as directed by Central TrainTraq Administrator due to new updates or policy changes.

Employee Name (Print Clearly)	Employee UIN	Employee Signature
Department	Date	Phone Number

APPLICATION	ACCESS <i>(Check All Applicable Roles)</i>
*LeaveTraq Department Administrator	
TAMUS Single Sign On (SSO) Department Administrator	
TimeTraq Department Administrator	
TimeTraq Department Approver	

**List all ADLOC Accounts
Access to be Granted:**

***Requires FMLA training for Leave Coordinator Administrator Assignment**

Employee's Supervisor (Print)	Signature	Phone Number
Authorized Account Holder (Print)	Signature	Phone Number

**Submit Completed Form To:
 Office of Human Resources
 Harrington Science Building, Suite 109
 (936) 261-1730
leaveteam@pvamu.edu**

For Central Administrator Use Only:

Date training request was sent to TrainTraq Administrator	_____
Date HIPPA Training was completed	_____
Date Time-Off Issues for Supervisor Training was completed	_____
Date FMLA Training was completed	_____

Employee's Required Training Verified by:	Date
---	------