

Hampton University Computer Center Request for Internal Training of Employee

An online form

Attendee/Employee Information

Name (First, Middle, Last)	SSN/EmpID#	Dept#	Phone
Title	Department		
Employee Function/Job Duties	Training Date		
Banner Navigation			
Training Class Requested			

Employee Status	Banner Security	
<input type="checkbox"/> New employee: _____ Transfer /Hire Date <input type="checkbox"/> Position Change		Copy Banner profile

Employee replaces → _____

Current employee

Network Resources	Banner Modules
<input type="checkbox"/> Internet/Network	<input type="checkbox"/> Student
<input type="checkbox"/> E-mail	<input type="checkbox"/> Financials
<input type="checkbox"/> Blackboard	<input type="checkbox"/> Alumni
<input type="checkbox"/> Campus Pipeline	<input type="checkbox"/> Human Resources
	<input type="checkbox"/> Financial Aid

Finance Security		
Budget /Account Numbers		
Index	Fund	Organization

Check if additional account numbers are attached to this form.

System accounts will not be generated for persons not employed by Hampton University. Only staff persons who can be successfully verified as Hampton University employees through the Human Resources System, or through documentation such as contracts will receive access to M.I.S resources. User IDs generated for temporary employees or staffing persons will be at the risk of the department's supervisors and the agency at which the person is employed. Therefore the agency is liable for damages to information and or resources.

Supervisor signature and approval **Date**

This certifies that I _____ have completed training as requested above by my supervisor.

(Print Name First, Middle, Last)

I have read and understand that access to computer systems and networks owned or operated by Hampton University imposes certain responsibilities and obligations and are subjected to other university policies, local, state, and federal laws. I understand acceptable use always is ethical, reflects academic honesty, and shows restraint in the consumption of shared resources. I am also held accountable for the use of any ID that I will use or have been assigned. It is my responsibility to protect the integrity of accessible systems and to preserve the confidentiality of accessible information as appropriated. I understand my duties and responsibilities in enforcing the Hampton University's Policy on Confidentiality and Security of the University's Information Systems.

In addition my signature certifies that I have completed training as requested by my above supervisor. I also understand training is a pre-requisite and is a requirement for my position and is subject to change as required by my position.

Employee signature Date

Computer Center Department use only

Training Class Completed **Date completed**

- Banner Navigation and General Person
- Hampton University Data Standards
- Banner Financials – Budget /Grant Management (optional)

Trainer Signature Date

Date Completed _____ Completed By _____

Reference: Request for Training Policy