

HUMAN RESOURCES TRACKING AND REPORTING SYSTEM (HRTS4) CONFIDENTIALITY AGREEMENT and ACCESS APPROVAL

January 1, 2021 through December 31, 2021

Print Employee Information Name:		U/M X.500 e-mail address:	
Signature:		Phone #	Date
Entity/Dept#:	Entity/Department Name	College:	

CERTIFICATION OF AGREEMENT

Employee and supervisor must sign. By signing you are agreeing to all of the provisions of this Confidentiality Agreement.

SUPERVISOR AUTHORIZATION

The supervisor must approve the above employee's access based on the need for access to accomplish their job.

USE RESPONSIBILITIES:
Your responsibility as a user of the Human Resources Tracking and Reporting System (HRTS4) is to protect the assets of the University of Minnesota from misuse.

ACCESS AUTHORIZATION:
Your department and the Academic Health Center authorize your access to the HRTS4 system. This authorization is based on your current job duties in your current department. Authorization to this data does not transfer with you if you transfer positions or departments. Access is granted to individuals based on their individual need for information and will be reviewed on an annual basis.

Information and systems may only be used by authorized individuals to accomplish tasks related to their jobs. Use of the information and systems for personal gain, personal business, or to commit fraud is prohibited.

Authorized users of University information have a responsibility for proper use of information both in and outside the University. Authorized users of information may only use it for their specific job responsibilities and not for any unauthorized secondary use or release to anyone, even if the information is classified as public. Any release of HRTS4 information or any other employee personnel information must be related to a legitimate administrative purpose. All applicable federal and state laws and University policy and procedures concerning storage, retention, use, release, transportation, and destruction of information systems must be followed.

Authorized Supervisor (Print Name)
Signature of Authorized Supervisor
Dept/College:
Date:
Phone:

ADDITIONAL ACCESS ROLES

Do you need access to UMP data? _____
If yes, you must include a rationale: _____

Are you a HR user needing access to the Data Entry Validation reports? _____