RESET

Kansas State University

Financial Information System Access

Department Name _____
Dept/Org Number(s) _____
Employee Name _____
(Print Full Name -- Include Middle Initial)
K-State eID (electronic ID) _____
Work Phone _____
Position Title _____

Action Requested: (check one, include effective date)
New (☐) Additional Access (☐)
Change of Organization (☐)
Access Termination (☐)
Effective Date _____

Faculty ☐ Staff ☐ Student ☐ (Check one)

eID and Password: Your eID and password are your keys to access various electronic systems on campus. Your password is to be known only to you. Please read the following, sign and date the form, and return it to your supervisor.

I understand that security dictates that I do not allow anyone to know or use my password and should I discover that my password is known (whether used or not), I will immediately change my password. Furthermore, I understand that should I allow another person to use my eID and password, all access to these systems granted as a registered user will be immediately terminated.

IT Policies: I have read the Information Technology Policies located at http://www.ksu.edu/vpast/itpolicies and agree to abide by these policies.

Sensitive Information Control: I understand that I will be granted access to financial information that is of a sensitive nature. Access to this information is for official university use only. I agree that financial information containing personally identifiable data such as SSN will be safeguarded by me as sensitive information and, upon completion of the need, will be destroyed in such a manner that these data are not usable to any other person or system. All requests for information from parties outside the University are to be handled in accordance with University Policies and Procedures Manual, PPM 3060 "Kansas Open Records Act." Failure to safeguard this information will result in my removal from further access and could result in further administrative and legal actions as allowed by law.

_____ _____
(Signature) (Date)

User Responsibilities – Access Type (multiple roles may be selected)

Departmental User Responsibilities	
Non-Grant Inquiry	Grant Inquiry
Central User Responsibilities (Add sheet)	

Circle responsibility(ies) desired. If Central User, add a sheet showing the responsibilities desired.

iTAC Security
Action Taken _____
_____
Initials ____ Date_____

Supervisor Name _____ _____ _____
(Signature) (Printed Name) (Date)

Dept Head Name _____ _____ _____
(Signature) (Printed Name) (Date)

Controller's Approval By: _____ _____ _____
(Signature) (Printed Name) (Date)

Send completed form to: Controller's Office, Attn: Systems Branch, 102 Anderson Hall, Kansas State University. If you have any questions regarding completion of this form please contact the Information Technology Assistance Center (iTAC) Help Desk at 532-7722 or the Controller's Office, Systems Branch at 532-1861/2048.

FIS Appl 1 (Revised 05 October 06)