Banner Advancement Account Request Form

ETSU Office of Information Technology
424 Roy Nicks Hall, Box 70728
Johnson City, Tennessee 37614
(423) 439-4648 • oithelp@etsu.edu

This section for use by the Office of Information Technology

Application Number	_____
Applicant Name	_____
Date Received	_____

Section 1. Personal Information. **To process your request, all information in this section must be completed. Please print or type.**

Name _____
[last] [first] [middle]

ETSU Domain Name	_____@etsu.edu	**School / College**	_____
E#	_____	**Department / Office**	_____
ETSU Phone Number	_____	**Campus Box Number**	_____
Supervisor	_____	**Budget Number**	_____

☐ Faculty
☐ New Employee: start date - ____ / ____ / ____
☐ Staff
☐ Temporary Employee: end of contract - ____ / ____ / ____

☐ I am a regular, full-time employee requesting a departmental account, to be administered by me.

Section 2. ePrint Advancement report access.
Temporary employees must use a departmental account, requested by a regular employee, to access these applications.

☐ I am requesting access to ePrint for Gift Payment Report for the following indexes (all indexes begin with an "F"): _____

_____

Section 3. Banner Advancement Applications. Check all that apply.
Temporary employees must use a departmental account, requested by a regular employee, to access these applications.

☐ Advancement Level 1 (AD_AD1)	☐ Advancement Level 2 (AD_AD2)
☐ Advancement Level 3 (AD_AD3)	☐ Advancement Level 4 (AD_AD4)
☐ Athletics (AD_ATH)	☐ WETS (AD_WETS)
☐	☐
☐	☐
☐	☐

Section 4. Responsibilities and Approvals.

I understand that data integrity is my responsibility and have read and agree to abide by the Data Standards Data Entry Guidelines, found at **http://www.etsu.edu/banner/documents/ETSU_Data_Standards_Doc_V3-3_for_Web-Revised.doc**.
I agree to abide by the ETSU Computer Resource Code of Ethics, found at **http://www.etsu.edu/oit/ppp/policies/ethics.asp** and further agree that accessing ETSU computing resources and using my assigned user identification and/or password gives ETSU permission to review, by any method it deems appropriate, any and all material I store on any system owned, operated and/or maintained by ETSU in order to protect the integrity and security of the system.

signature of applicant	Date	signature of department head, budget supervisor or faculty advisor (if same as applicant, use immediate supervisor)	Date	printed name of department head, budget supervisor or faculty advisor (if same as applicant, use immediate supervisor)

Section 5. Advancement Services use only.

Request has been reviewed and approved by the Finance Data Custodian, Box 70732. Signature is required if Section 2 is completed.

_____ _____
Signature of Finance Data Custodian Date

Request has been reviewed and approved by the Banner Advancement Data Custodian, Box 70709.

_____ _____
Signature of Advancement Data Custodian Date