

Banner HR Account Request Form

ETSU Office of Information Technology

401 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

Banner ID Number _____

Date of Birth _____

ETSU Phone Number _____

Supervisor _____

School / College _____

Department / Office _____

Campus Box Number _____

Budget Number _____

Faculty Staff/Administrator

I am not paid through ETSU Payroll. other: _____

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

Section 2. ePrint HR report access. Check all that apply. NOTE: Departmental accounts can only be requested by regular, full-time employees. Temporary employees must use a departmental account, requested by a regular employee, to access these applications.

I am requesting access to ePrint for Leave report and need access to the following organization codes: _____

I am requesting access to ePrint for Labor report and need access to the following organization codes: _____

I am requesting access to ePrint for Budget report and need access to the following organization codes: _____

Section 3. INB Banner HR Applications. Reserved for HR and Business and Finance employees only. Check all that apply.

I am requesting access to the following:

<input type="checkbox"/> HR Level 1 (HR_HR1)	<input type="checkbox"/> HR Level 2 (HR_HR2)
<input type="checkbox"/> HR Level 3 (HR_HR3)	<input type="checkbox"/> Payroll Level 1 (HR_PAY1)
<input type="checkbox"/> Payroll Level 2 (HR_PAY2)	<input type="checkbox"/> Budget (HR_BUDGET)
<input type="checkbox"/> Financial Aid (HR_FINAID)	<input type="checkbox"/> COM Level 1 (HR_COM1)
<input type="checkbox"/> COM Level 2 (HR_COM2)	<input type="checkbox"/> Family Medicine (HR_FAMED)
<input type="checkbox"/> Comptroller Level 1 (HR_COMP1)	<input type="checkbox"/> Comptroller Level 2 (HR_COMP2)
<input type="checkbox"/> Comptroller Level 3 (HR_COMP3)	<input type="checkbox"/> Comptroller Level 4 (HR_COMP4)
<input type="checkbox"/> Internal Audit (HR_AUDIT)	<input type="checkbox"/> President's Office (HR_PRESOFF)
<input type="checkbox"/> Academic Affairs Level 1 (HR_ACAFF1)	<input type="checkbox"/> Academic Affairs Level 2 (HR_ACAFF2)
<input type="checkbox"/> PEAEMPL Access (HR_PEAEMPL)	<input type="checkbox"/> NBAJOBS Temp Access (HR_NBAJOBS)

I am requesting access to these additional INB applications:

I am requesting access to Intellicheck. I am requesting access to FormFusion.

I am requesting access to Appworx.

Section 4. Responsibilities and Approvals. Form must go to Human Resources Box 70564 before sending to OIT. Form will not be processed without ALL signatures.

Data Custodian Approval:

Request has been reviewed and approved by the Banner HR Data Custodian.

signature of HR Data Custodian _____ date _____

Applicant Agreement:

I understand that data integrity is my responsibility and have read and agree to abide by the Data Standards Data Entry Guidelines 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	date	printed name of department head, budget supervisor or faculty advisor
------------------------	------	--	------	---