****

System Access Authorization for Travel and Expense Management (TEM)

|  |
| --- |
| **Complete and email this form to bannerpaws@jsums.edu** |
| Date | Click here to enter a date. |
| Employee’s Name | Click here to enter text. |
| Employee’s J-number | Click here to enter text. |
| Employee’s Email Address | Click here to enter text. |
| Employee’s Telephone Extension | Click here to enter text. |
| Job Title | Click here to enter text. |
| Supervisor’s Name and Extension | Click here to enter text. |

|  |
| --- |
| **TEM User Roles (WebTailor)** |
| **End User** | **Administrative User (Purchasing/Travel Staff Only** |
|[ ]  Traveler (User) |[ ]  Overall Administrator |
|[ ]  Delegate |[ ]  Delegate Administrator |
|[ ]  Finance Approver |[ ]  Delegate Super User |
|  |  |[ ]  Per Diem Administrator |
|  |  |[ ]  Profile Administrator |

|  |
| --- |
| **TEM Delegate (Proxy) Authorization ListAuthorized to submit reports on the user’s behalf-Delegate must have submitted an Access form with the Delegate role.** |
| **User Name** | **J-Number** | **Delegate Name** | **Delegate J-Number** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |
| --- |
| **Workflow User Roles** |
|[ ]  TEM Approver |
|[ ]  TEM International Approver |
|[ ]  TEM Error Corrector (Purchasing/Travel Staff Only) |
|[ ]  TEM Manager (Purchasing /Travel Staff Only) |

|  |
| --- |
| **Traveler Funding Default** |
| **Fund** | **Organization** | **Account** | **Program** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |
| --- |
| **Traveler Department Head/Supervisor: This will be who will approve any reports at the first level** |
| **Name** | **J-Number** |
| Click here to enter text. | Click here to enter text. |

Confidentiality Statement – Read Carefully and Sign

I agree to treat all information I am granted access to as confidential. I will use this information to fulfill my job responsibilities only. I will not share access to, print, copy, or disclose confidential information to the University’s employees, students, or anyone else with no business need for it. This includes information concerning the University’s students, employees, vendors, consultants, contractors, and donors. I will not share my username and password with anyone.

I will comply with all University Policies and Procedures, the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), and all other regulations issued by the U.S. Department of Education which defines the confidentiality of student records, I agree to comply with all other Federal, State, and District laws,

I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ read this confidentiality statement. I understand my obligation and liability as an authorized user of the University’s information systems. I understand that failure to abide by these conditions may result in disciplinary action including termination of access, employment, and/or prosecution.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of User/Date

**APPROVALS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Department Head / Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Banner Support Services Date Completed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Banner Support Services Executive Director