



System Access Authorization for Travel and Expense Management (TEM)

Complete and email this form to bannerpaws@jsums.edu	
Date	
Employee's Name	
Employee's J-number	
Employee's Email Address	
Employee's Telephone Extension	
Job Title	
Supervisor's Name and Extension	

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 List			
Authorized 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

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

Traveler Department Head/Supervisor: This will be who will approve any reports at the first level	
Name	J-Number

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