Statement of Responsibility for Budget Contacts

I understand that all information concerning employees which may come to my knowledge while using the applicationdefined on this form is to be held in the strictest confidence and may not be disclosed except as provided in policy and procedures pertaining to performance of my job duties and assignments.

I acknowledge my responsibility for strictly adhering to university policy and state and federal law. I also am aware that penalties exist for unauthorized access, unauthorized use or unauthorized distribution of information contained in or accessed from web applications, Sigle Sign-On, and Workday.

I understand that computer system password(s) I receive or devise is (are) confidential. I will not disclose to any unauthorized person any password(s) which I am given or devise and I will not write down such password(s) or post them where they may be viewed by unauthorized people. I understand that I am responsible for any computer transactions performed as a result of access authorized by use of my password(s). I agree further NOT to attempt to circumvent the computer security system by using or attempting to use any transaction, software, files or resources I am not authorized to use. I understand that use of a password not issued specifically to me or to a group of which I am a member is expressly prohibited.

I understand that failure to observe these restrictions constitutes a “Breach of Computer Security” as defined in the TEXAS PENAL CODE, CHAPTER 33, and that such an offense will subject me to university or agency disciplinary action and criminal prosecution to the full extent of the law.

**For UIN Applications (if applicable):** I understand that the same identification requirements exist to create or update a Universal Identification Number (UIN) as exists to complete a Form I-9. This includes such documents as a valid Driver’s License, a Social Security Card, passport or other forms of official government identification. I understand I must use these forms of identification in resolving UIN assignment issues, updating the UIN Server records and to create Workday records.

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Contact Access for:  Texas A&M Texas A&M Health Texas A&M Galveston | | | |
| Click here to enter text.  Employee Name (Print Legibly) | Signature | Click here to enter text.  Date | **Click here to enter text.**  Phone Number |
| Click here to enter text.  Employee UIN | Click here to enter text.  Position / Job Title | Click here to enter text.  Email | |
| **Click here to enter text.**  Employee’s Manager (Print Legibly) | Signature | **Click here to enter text.**  Date | **Click here to enter text.**  Phone Number |
| Access Needed to Support (list each by ADLOC and Organization Name):  Click here to enter text. | | | |
| Route to the Appropriate Finance Approver for Signature:  **Texas A&M** – Deborah Wright, Associate Vice President for Finance  **Texas A&M Health** – Kristin Nace, Associate Vice President  **Texas A&M at Galveston** – Vanessa Garza, Budget Manager | | | |
| **Click here to enter text.**  Finance Approver (Print Legibly) | Signature | **Click here to enter text.**  Date | **Click here to enter text.**  Phone Number |

|  |  |
| --- | --- |
| **SUBMIT FORM TO:**  [hrnetwork@tamu.edu](mailto:hrnetwork@tamu.edu) | **NEED HELP?**  [hrnetwork@tamu.edu](mailto:hrnetwork@tamu.edu) | 979.862.3854 |