GW HUMAN RESOURCES

PA 7 Faculty/Librarian User Access Form

☐ New Account	Name:	GWID:
☐ Change to Existing Account	School/Department or Library:	
☐ Terminate Access	GW Email:	

Supervisors Information		
Name	**Phone**	**Email**

Access	
Check Role(s)	**BANNER Org(s)**
☐ **Department Fac/Lib –** Can initiate postings, view applicants, change applicant dispositions, and create and view hiring proposals.	
☐ **Dean/Lib Director –** Can approve actions, view applicants and hiring proposals. NOTE: Please check Department/HRCP role as well.	
For FRPR and FP use only	
☐ **Faculty Recruitment**	
☐ **Faculty Personnel**	

CONFIDENTIALITY STATEMENT – READ CAREFULLY AND SIGN

By signing this application, I agree that I will not, outside of the performance of my duties, access, print, copy or disclose to any party (GW employee, GW student or anyone else) proprietary, confidential, and/or protected information, including proprietary licensed software residing on GW computer systems. I also agree not to disclose to any party (GW employee, GW student, or anyone else) my access codes and/or passwords. I agree to treat as confidential all information to which I have been granted access.

I further agree to keep confidential any and all data or information, whether in electronic or printed format, and to comply with the GW Information Technology Security Policy in accordance with the policies and procedures of The George Washington University, and any District, State, or Federal laws. This includes the confidentiality of information concerning GW's students, employees, vendors, and donors, as well as the University's proprietary information. This latter is addressed in the policy statement Code of Conduct for Users of Computing Systems and Services, Section 5, which can be found on the ISS Helpdesk website at http://helpdesk.gwu.edu. The confidentiality of student records is defined in the provisions of The Family Educational Rights and Privacy Act, as amended (20 U.S.C. 1232(G)), and with the regulations issued there under by the U.S. Department of Education.

I understand that if I fail to abide by these conditions, my access to any and all GW computer systems may be terminated and that disciplinary action, including possible termination of employment, may be instituted against me.

Employee Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

FRPR Signature: _____ **Date:** _____

Please send completed form to frpr@email.gwu.edu. If you have any questions, contact Faculty Recruitment at 202-994-6783 or at frpr@email.gwu.edu.