CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

Computerized Information Access Request Form

Original CIA Form submit to PL 2006 HRF/ISO

This form (CIA) must be completed and signed by the employee requesting access and the appropriate MPP Administrator. By signing this form, I certify that I have read and understand the Confidentiality Compliance Guidelines (Staff/Student Staff R04 - Faculty Special Consultant/3rd Party Vendor contact area Manager to complete the Confidentiality Compliance form). In addition, I understand that my operator ID and password are to be kept confidential, and if I share this information, my access will be revoked. An employee is subject to possible disciplinary action up to and including dismissal from the job if he/she violates this policy. I also understand that all records are confidential and the property of California State University, San Bernardino. My initials in this box ____ indicate that I have signed and submitted a CONFIDENTIALITY COMPLIANCE FORM. Actual access will be granted by the Security Administrator based on final clearance as required by each database.

(ALL APPLICABLE FIELDS MUST BE COMPLETED) For instructions how to complete the CIA form click here: **How to**

EMPLOYMENT STATUS:

First Name/Middle Initial	Last Name:	**Employee's Signature:**
ID# (NOT SSN)	Position/Job Function:	**E-mail &** Office **Ext**ension:
Department Name:	Dept ID (Lookup ID)	Supervisor Name & Extension

To gain access: system training requirements must be complete & a Confidentiality Compliance form on file.

Select from the options: **Update Effective Date:**

Indicate Effective Date for Update request and provide a brief explanation (i.e. moved from Dept A to Dept F):

Update Comments:

Please indicate **ALL Existing Access** (**E**) on form.

HUMAN RESOURCES

Select component below N E U

***Master Pay Warrant Authorization** Dept ID Look Up (List IDs used to Certify Pay warrants).

HR Dept ID Look Up (List IDs used fo Hire, rehire etc and view).

STUDENT ADMINISTRATION

Select component below: N E U

Student Administration Comments (indicate job duties or specific access for viewing records below).

General Comments (note any additional information):

FINANCE

N E U

Finance ♦

Select Business Unit(s) below:

Requisition*

♦* Additional Signature Authorization Forms may be required to complete security access.

OTHER SYSTEMS

N E U

Advance (BSR)

DARwin

Other (please specify below)

Access Request approved by:

MPP Name (Print) MPP Signature Date Signed

********** Do Not Enter Below this Line. For University Authorization Only**********

Security Administrator Approval Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:

Access Approved by:

Vice President, Administration & Finance Date:

Completed Training: ☐ Security

Finance	HR	Student Admin	Other	COMMENTS:
☐ _____	☐ _____	☐ _____	☐ _____	
☐ _____	☐ _____	☐ _____	☐ _____	
☐ _____	☐ _____	☐ _____	☐ _____	

☐ Met Training Requirement(s) ☐ Waived Training Validated on: By:

**********Below For Security Administrator's Use Only **********

Routing: Deliver to Security Administrator(s) _____ _____ _____ _____ _____ ___VP Admin &Fin Approval ___Training ___ ISO