

Advantage System Access Request Form

FIN/HRM/PB/INFO-ADVANTAGE

****Supervisors, please complete for the person needing access.**

ADD REMOVE MODIFY

Employee ID: _____
 Employee Name: _____
 Employee Department #: _____

Date: _____
 Email Address: _____
 Phone Extension: _____

Financial System (FIN)	Human Resource Management (HRM)	Performance Budgeting (PB)	Reporting (INFO-Advantage)			
Read Only	Read Only Access (DEPT_READ)	Read Only (DEPT END USER)	<table border="1"> <tr> <td>FIN --></td> <td>Read Create Edit</td> <td>Manage Dept Folder</td> </tr> </table>	FIN -->	Read Create Edit	Manage Dept Folder
FIN -->	Read Create Edit	Manage Dept Folder				
Workflow User (Fill out FIN workflow request below)	P/R Clerk (DEPT_PYRL)	Read-Create-Edit (DEPT END USER)	<table border="1"> <tr> <td>HRM--></td> <td>Read Only</td> <td></td> </tr> </table>	HRM-->	Read Only	
HRM-->	Read Only					
PCRD_REC PCRD_APPRVR	HR Clerk (DEPT_HR) Dept Budget (DEPT_BUDGET)	Read-Create-Edit-Approve (DEPT APPROVER)	<table border="1"> <tr> <td>PB--></td> <td>Read Only</td> <td>Read Create Edit</td> </tr> </table>	PB-->	Read Only	Read Create Edit
PB-->	Read Only	Read Create Edit				

FIN Workflow Requests	Circle one	Doc Code & Unit: _____	Circle one
CREATOR	Y / N	APPROVER	Y / N
If creator, who will approve		If approver, who is being approved?	

Additional Request (If unsure of boxes to check above, please note what permissions are needed below for clarification)

Supervisor Name: _____
 Title: _____

Supervisor Signature: _____
 Date: _____

Please note that Director Approval and below confidentiality agreement are required for any HRM permissions in HRM or Info Advantage. Please email ERSupport@tucsonaz.gov both pages of this form for access, or if you have any questions about the form.

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CONFIDENTIALITY ACKNOWLEDGMENT

This employee confidentiality agreement is made between _____

Printed Name of Employee

(hereinafter referred to as the "Employee") and the City of Tucson (hereinafter referred to as the "Employer").

The Employee agrees to the terms of this agreement:

1. The Employee acknowledges that, in the course of employment by the Employer, the Employee has, and may in the future, come into the possession or view of certain confidential information related to City employees or City financial records belonging to the Employer including but not limited to social security numbers, medical information, employee deductions, employee issues, City financial statements, City budget documents, etc., based upon the employee's access to the City's HRM system, medical and leave management system, and medical and personnel files.
2. The Employee hereby agrees that they will at no time, during or after the term of employment, use for their own benefit or the benefit of others, or disclose or divulge to others, any such confidential information, unless expressly within the scope of their normal job duties (i.e.: verification of employment, subpoena, etc.) where the release of that information is in conformance to City policy and procedures.
3. Violation of this agreement by the Employee will entitle the Employer to an injunction to prevent such disclosure, and will entitle the Employer to other legal remedies, including attorney's fees and costs.
4. This agreement shall be governed in accordance with the City's Administrative Directives:
 - 1.08-3 Information Security Policy
 - 1.08-4 Use of Electronic Communication Systems
 - 2.02-5 Rules of Conduct
5. Failure to adhere to this agreement in accordance with the Administrative Directives will be grounds for disciplinary action up to and including discharge.

Signature of Employee

Date

Signature of Director/Deputy Director

Date