

**TEXAS A&M UNIVERSITY SYSTEM
BUSINESS COMPUTING SERVICES DATA WAREHOUSE APPLICATION
STATEMENT OF RESPONSIBILITY**

I understand that all information concerning employees which may come to my knowledge while using any of the applications defined 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 these applications.

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.

EMPLOYEE NAME (PRINT CLEARLY) _____ EMPLOYEE UIN _____ EMPLOYEE SIGNATURE _____

DEPARTMENT _____ AGENCY / INSTITUTION _____ DATE _____ PHONE NUMBER _____

For Agency Security Officer Use:

Requested Access:

A&M System Data Warehouse Application Subject Areas:

Academics

Financials

Human Resources

Training Records

**DW Portal
Interface**

**View All
Areas:**

View

View

View

View

**Business Objects
Interface**

**Form may be sent to TAMU Mail Stop 1124
or faxed to 979-458-6299**

EMPLOYEE'S SUPERVISOR (PRINT CLEARLY) _____ SIGNATURE _____ DATE _____ PHONE NUMBER _____

Chief Financial, Human Resource, Payroll, or Training Officer
or designee (Print Clearly) _____ SIGNATURE _____ DATE _____ PHONE NUMBER _____

For BCS Administration Use:

SSO UPDATED BY _____ DATE _____

