MICHIGAN TECHNOLOGICAL UNIVERSITY
REQUEST FOR BANNER ACCESS - HUMAN RESOURCES

RESET FORM

Action Requested:

☐ **New** (initial request for access) ☐ **Change** (additional or change of access) ☐ **Delete** (remove access)

Give same access as: _____

User Information:

Name:_____ Date:_____

Title: _____ User ID: _____

Department: _____ Office Phone:_____

Banner Access - Query

☐ Benefit Information ☐ Bargaining Unit ☐ General Employee Information
☐ Payroll (earnings and deductions) ☐ Position Management/Classification

Banner Access – Update

☐ AAO Training ☐ Benefit Information ☐ Bargaining Unit
☐ Departmental Time Entry ☐ Employee Information ☐ OSHA Training
☐ Payroll (earnings and deductions) ☐ Electronic Personnel Action Form (EPAF) ☐ TechFit
☐ Originator ☐ Approver

Report Access

☐ Internal Audit ☐ Payroll Labor Reports ☐ Research Accounting ☐ Benefits
☐ Employee/HRIS ☐ Payroll ☐ Training Reports

Employee General Inquiry

☐ Employee Directory ☐ Student Directory ☐ Reports

Applicant Certification

Access privileges are issued to staff members with the understanding that they will use the information thus obtained only in the conduct of their official duties, and that no information will be disclosed to other persons who do not have a need to know. In addition, access to, and disclosure of, student information is governed by a federal law – the Family Educational Rights and Privacy Act (FERPA). By requesting access to the Human Resources System, staff members are accepting responsibility for knowing and complying with FERPA.

I certify that I understand my responsibilities as an authorized user of the Banner Human Resources System.

Applicant Signature :_____ Date:_____

Department Head/Manager Approval

The above applicant's duties require access to the administrative computer system and data. I realize that it is my responsibility to have my staff read and understand FERPA guidelines.

Department Head/Manager Signature:_____ Date:_____

Banner Human Resources Authorization Approval

Data Custodian Signature:_____ Date:_____