

St. John Fisher College
Banner/ApplicationXtender Access Request Form

The Banner/ApplicationXtender Access Request Form Packet consists of an instruction page, Confidentiality Agreement form, and Functional Area Request Forms.

The functional areas are listed below:

ADVANCEMENT
ENROLLMENT and STUDENT
FINANCE and BUSINESS

The pages are printed for required signatures, including the Department/Division and the Functional Area Vice Presidents. The requests are completed by the Banner Security Administrator as each completed page is approved by the OIT Director of Administrative Services.

Steps

1. Contact the OIT- Service Desk to request Banner/AppXtender access at 385-8016 or email oitservicedesk@sjfc.edu.
2. The Banner Security Administrator will contact you to verify the access needed and email you the required forms.
3. Acquire Supervisor and Department/Division Vice President's signature on each page
4. Send the page/pages to the corresponding Functional Area(s)
5. The Functional Area will obtain the required signatures, including the Vice President
6. The Banner Access Request form is sent to the Banner Security Administrator
7. The Banner Security Administrator will complete the request and email the employee once completed.

St. John Fisher College
Banner and AppXtender Access Request Form

Section 1 - Employee Information to be filled out by employee's supervisor

Employee Name: _____ <i>(Please print)</i>	Banner @ ID: _____	<i>If user has current Banner access please provide Network ID:</i> _____
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Employee Work Number: _____	Employee Position Title: _____
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Supervisor Name: _____ <i>(Please Print)</i>	Supervisor signature: _____	Supervisor Work Number: _____	Date: _____
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Department/Divisional Vice President Signature: _____	Date: _____
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Please place a check next to all Banner access requested

Banner: <input type="checkbox"/> PROD <input type="checkbox"/> PPRD <input type="checkbox"/> Test	<input type="checkbox"/> NEW user no current Banner access – <i>Confidentiality agreement needed</i> <input type="checkbox"/> ADD additional access <input type="checkbox"/> REMOVE access
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Advancement

<input type="checkbox"/> Add Specific Banner Forms <i>Circle Maintenance or Query</i> _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q	<input type="checkbox"/> Delete Specific Banner Forms _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q	<input type="checkbox"/> Assign User Class _____ _____ _____ <input type="checkbox"/> Delete User Class _____ _____ _____
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Banner and AppXtender Access Request Form

Please indicate AppXtender access requested if needed

<p>AppXtender: <input type="checkbox"/> PROD <input type="checkbox"/> PPRD</p> <p>Specify type of access:</p> <p><input type="checkbox"/> Index <input type="checkbox"/> Delete</p> <p><input type="checkbox"/> View <input type="checkbox"/> Limited Viewing</p>	<p>Specify AppXtender Applications requested:</p> <p>_____</p> <p>_____</p>
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Required Signatures

_____	_____	_____	_____
Advancement Services Director	Date	VP for Institutional Advancement	Date

To be completed by OIT

Network ID	

Security Administrator Signature	Date: _____

Director of Administrative Services Signature:	Date: _____

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Section 1 - Employee Information to be filled out by employee's supervisor

Employee Name: _____ <i>(Please print)</i>	Banner @ ID: _____	<i>If user has current Banner access please provide Network ID:</i> _____
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Employee Work Number: _____	Employee Position Title: _____
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Supervisor Name: _____ <i>(Please Print)</i>	Supervisor signature: _____	Supervisor Work Number: _____	Date: _____
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Department/Divisional Vice President Signature: _____	Date: _____
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Please place a check next to all Banner access requested

Banner: <input type="checkbox"/> PROD <input type="checkbox"/> PPRD <input type="checkbox"/> Test	<input type="checkbox"/> NEW user no current Banner access – <i>Confidentiality agreement needed</i> <input type="checkbox"/> ADD additional access <input type="checkbox"/> REMOVE access
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Enrollment Management & Student

<input type="checkbox"/> Add Specific Banner Forms <i>Circle Maintenance or Query</i> _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q	<input type="checkbox"/> Delete Specific Banner Forms _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q	<input type="checkbox"/> Assign User Class _____ _____ _____ <input type="checkbox"/> Delete User Class _____ _____ _____
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Banner and AppXtender Access Request Form

Please indicate AppXtender access requested if needed

AppXtender: <input type="checkbox"/> PROD <input type="checkbox"/> PPRD	Specify AppXtender Applications requested:
Specify type of access:	_____
<input type="checkbox"/> Index <input type="checkbox"/> Delete	_____
<input type="checkbox"/> View <input type="checkbox"/> Limited Viewing	_____

Required Signatures

_____	_____	_____	_____
Processing Center Supervisor	Date	Registrar/Associate Registrar	Date
_____	_____	_____	_____
Assistant Dean of Students	Date	Director of Student Accounts	Date
<i>*only needed if access for housing or wellness information is being requested</i>			
_____	_____	_____	_____
Director of Student Financial Services	Date	VP for Enrollment Management	Date

To be completed by OIT

Network ID	

Security Administrator Signature	Date: _____

Director of Administrative Services Signature:	Date: _____

Privacy and College Record Systems at St. John Fisher College

*Staff and student information, whether online, written,
printed, taped, or filmed is treated seriously.*

Statement of Confidentiality

All college employees who have access to personal, financial or other private and confidential information are asked to sign a Confidentiality Agreement. Employees who sign the Agreement acknowledge that they are responsible for the data they input or retrieve from any college information system and agree to keep the personal, financial or other private information confidential.

Making your BANNER information confidential

All information in the BANNER system generally is treated as confidential, but employees can add privacy emphasis to the data by requesting that your records be formally marked CONFIDENTIAL. This request is made by completing a form which is available from the Payroll Office.

When this form is processed, the following two action items take place.

- (i) The BANNER ID Number is changed from the employee's Social Security number to a random generated number.
- (ii) A BANNER user who accesses an employee's personal data will be notified that the information is CONFIDENTIAL before displaying the data.

This confidentiality indicator does not prevent a BANNER from seeing the personal data, however it does underscore an employee's desire to keep the information private.

STATEMENT OF CONFIDENTIALITY ON COLLEGE RECORDS

St. John Fisher College (SJFC) and its employees (administrative, academic, staff and student workers) are subject to the Family Educational Rights and Privacy Act (“FERPA”) (20 U.S.C. 1232g) and other laws governing review and release of personal, financial, confidential and educational records.

Inappropriate use of confidential and educational records, whether electronic, written, printed, taped, or filmed, is a violation of federal law and may result in civil and/or criminal prosecution. Under no circumstances should an employee of SJFC release, intentionally or unintentionally the confidential, personal, financial or educational records of a student or another SJFC employee to any person or persons who have not been authorized to receive such information.

Access to College Records Systems will be granted only to those SJFC employees who have received approval from their supervisors and/or the college administrator responsible for maintaining the data requested.

Employees of SJFC who have been granted access to any of College Records Systems are required to sign a Confidentiality Agreement, accept responsibility for maintaining financial, personal, educational and other confidential records, and comply with the rules governing the use of these records.

The following rules apply to all SJFC employees who have been granted access to College Record Systems:

1. Every SJFC employee will use only his/her logons and passwords. Logons and passwords are confidential and should not be revealed to any other person, including supervisors, co-workers, student employees, or friends. It is the responsibility of the employee to change his/her logon and password. Logons and passwords should be changed on a regular basis or whenever the employee suspects that another person may have obtained access.
2. Each SJFC employee is responsible for data that is input with his/her logon or password while using the College Record Systems. Only authorized input for modifying or adding data is permitted.
3. Each SJFC employee is held responsible for any data retrieved while using the College Record Systems. Personal, financial, educational or other confidential records must not be left in view of any other person or persons who have not been authorized to receive such information.

Privacy and College Record Systems at St. John Fisher College

CONFIDENTIALITY AGREEMENT

I, _____ [Name of SJFC employee] hereby agree to preserve the confidentiality of any and all records that I input, retrieve, view or have access to during and after the course of my employment with SJFC, in the _____ [Name of Department or Office at SJFC].

I understand that personal and educational records may be confidential by virtue of the *Family Educational Rights and Privacy Act* (“FERPA”) (20 U.S.C. 1232g) and other state and federal laws. As provided by these privacy laws, I may not disclose information about either SJFC employees or SJFC students, unless I am permitted to disclose the information under the law and as authorized by SJFC in particular circumstances.

If I am in doubt about the confidentiality of any record or about the permissibility of legally disclosing records, I understand that I must consult with my supervisor at SJFC, who may consult with SJFC legal counsel, and I agree that I will not disclose any personal, confidential, or educational records of any SJFC employee or student without express authorization.

This agreement is given in consideration for my continued employment at SJFC, _____ [Name of Department or Office at SJFC]. The terms of this agreement remain in effect during and after my employment with SJFC, _____ [Name of Department or Office at SJFC].

SIGNED: _____ DATE: _____

PRINTED NAME: _____

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Employee Name: _____ <i>(Please print)</i>	Banner @ ID: _____	<i>If user has current Banner access please provide Network ID:</i> _____
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Employee Work Number: _____	Employee Position Title: _____
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Supervisor Name: _____ <i>(Please Print)</i>	Supervisor signature: _____	Supervisor Work Number: _____	Date: _____
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Department/Divisional Vice President Signature: _____	Date: _____
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Please place a check next to all Banner access requested

Banner: <input type="checkbox"/> PROD <input type="checkbox"/> PPRD <input type="checkbox"/> Test	<input type="checkbox"/> NEW user no current Banner access – <i>Confidentiality agreement needed</i>
	<input type="checkbox"/> ADD additional access
	<input type="checkbox"/> REMOVE access

Finance and Business

**Funds and Orgs will be filled in by the Finance Analyst if required*

<input type="checkbox"/> Add Specific Banner Forms <i>Circle Maintenance or Query</i> _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q <input type="checkbox"/> Add Funds and Orgs _____ _____ _____	<input type="checkbox"/> Delete Specific Banner Forms _____ M Q _____ M Q _____ M Q _____ M Q _____ M Q <input type="checkbox"/> Delete Funds and Orgs _____ _____ _____	<input type="checkbox"/> Assign User Class _____ _____ _____ <input type="checkbox"/> Delete User Class _____ _____ _____
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Please indicate AppXtender access requested if needed

AppXtender: <input type="checkbox"/> PROD <input type="checkbox"/> PPRD	Specify AppXtender Applications requested: _____
Specify type of access:	
<input type="checkbox"/> Index <input type="checkbox"/> Delete <input type="checkbox"/> View <input type="checkbox"/> Limited Viewing	

Required Signatures

_____	_____	_____	_____
Finance Analyst	Date	Director of Payroll & Accounts Payable	Date
_____	_____	_____	_____
Controller	Date	CFO & VP for Business/Finance	Date

To be completed by OIT

Network ID	

Security Administrator Signature	Date: _____

Director of Administrative Services Signature:	Date: _____