

UM BA4 or BA Read Only Account Request Form

Users – Complete the form below, have your unit head approve it, and send it to: Christina Nobleman (nobleman@umd.edu), Division of Research, Room 2126 Lee Bldg, Campus

User Information

*Name: Last, First MI

*Title: *Phone:

*Department/Unit Name: *KFS Dept Code(s):

*Email Address: *UID:

*Type of Access: (Choose One)

****Note – BA4 Access requires a Software License****

BA4_____ If BA4 access is checked, choose from the following (Users may be given access to one of the four types below or be given access to both Accountant and Pay Docs simultaneously):

- Data Admin_____ Access to all transactions, ability to post transactions from DIW, can reconcile accounts, user can add, change, delete data and assign permissions
- Accountant_____ Access to Non-Payroll transactions, ability to post non-payroll transactions from DIW, can reconcile accounts, user can add and change data, but cannot delete or assign permissions
- Pay Docs_____ Access to Payroll documents and transactions, ability to post payroll transactions from DIW, user can add, change and delete data but cannot assign permissions
- None of the above_____ The department assigns individual account permissions for the accounts this user will manage.

BA4 Read Only (formerly BA Central only access)_____
Student (same access as Accountant, but for student use only) _____

Statement of Understanding for Priority Software, Inc. BA4 & Read Only Accounts (and subsequent software versions)

By signing this Statement of Understanding, I understand that, pending all approvals, I will be given access to information contained in University administrative and/or academic computer systems solely for the purpose of fulfilling my official job duties. I acknowledge that I am the only authorized user of the assigned BA4 or BA Read Only account and that I will take steps to maintain the security, confidentiality and integrity of any information accessed by me. These steps include protecting all information by keeping any personally identifiable information confidential, kept out of public view, and stored in a secure location/form whether it is in paper copy, contained in software, visible on screen displays, in computer readable, or any other form. Additionally, I will protect the confidentiality of my password to ensure others may not use it to access my account.

I understand I am solely responsible for my use of this information, including its disclosure to others. I therefore agree not to re-disclose or provide access to this information except as authorized by my job duties and in compliance with federal and state laws and University policy. I have read and agree to the University of Maryland Guidelines for the Acceptable Use of Information Technology Resources. I have had the opportunity to have my questions regarding these guidelines, or my access to and use of information, answered.

I understand providing Information for unauthorized uses or otherwise violating University confidentiality policies relating to the information may result in disciplinary action, including my dismissal and prosecution under applicable federal or state laws. If I am a student employee, I understand that misuse also may result in a referral to the Student Judicial Board.

For Data Admin, Accountant, and Pay Docs access, I confirm that I have received training for relevant UMD systems, such as PHR and KFS, prior to accessing BA4 and agree to attend basic training and other trainings that are offered to enhance my understanding of the BA4 system. Furthermore, I agree that the Division of Research is the primary point of contact with Priority Software, Inc. (PSI) and that I will contact the UMD Director of Priority for questions.

By signing this form, I verify I have read and understood this form, and agree to comply with its contents.

BA4 or BA Read Only (printed name & signature) Department/Unit Date

Unit Head Statement:

By my signature, I verify the information on this form, confirm the applicant's duties require access to this information, and authorize access for the applicant. It is my responsibility to inform the Division of Research Director of Priority of any change in this employee's status that may affect access (e.g. termination of employment, leave of absence, change of job responsibilities or department). I agree that our unit will pay the annual license fees stated on the Division of Research's website for Data Admin, Accountant, and Pay Docs access (Read Only Access does not require a license.)

Unit Head/Designee (printed name & signature) Title Date