**CERTIFICATION OF AGREEMENT**

By signing above you state that you understand and agree to all of the provisions of this Confidentiality Agreement.

**USE RESPONSIBILITIES:**

Your responsibility as a user of the Human Resources Tracking and Reporting System (HRTS3) is to protect the assets of the University of Minnesota from misuse.

**ACCESS AUTHORIZATION:**

Your department and the Academic Health Center authorize your access to the HRTS3 system. This authorization is based on your current job duties in your current department. Authorization to this data does not transfer with you if you transfer positions or departments. Access is granted to individuals based on their individual need for information and will be reviewed on an annual basis.

Information and systems may only be used by authorized individuals to accomplish tasks related to their jobs. Use of the information and systems for personal gain, personal business, or to commit fraud is prohibited.

Authorized users of University information have a responsibility for proper use of information both in and outside the University. Authorized users of information may only use it for their specific job responsibilities and not for any unauthorized secondary use or release to anyone, even if the information is classified as public. Any release of HRTS3 information or any other employee personnel information must be related to a legitimate administrative purpose. All applicable federal and state laws and University policy and procedures concerning storage, retention, use, release, transportation, and destruction of information systems must be followed.

**SUPERVISOR AUTHORIZATION**

The supervisor must approve the above employee’s access privileges based on the need for access to accomplish tasks related to their job.

Authorized Supervisor (Print Name):

Signature of Authorized Supervisor:

Dept/College:

Date: Phone:

---

For AHC-HRIS access approval:

Employee and Supervisor must complete and sign the agreement form and then mail/ Fax to:

Academic Health Center – HRIS
Attn: Britt Hawkins
MMC 23, 542 Boynton
Fax: 612-625-5161

Questions: Call 612-626-4285

---

For AHC Administrative Use Only:  HRTS Code __________________ Access Approved by: _____________ Date: __________