

**MICHIGAN TECHNOLOGICAL UNIVERSITY**  
Human Resources – Request for Banner and Report Access

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Department: \_\_\_\_\_

Banner Account Action:  Create New Account  Change Existing User Access

<u>Access Options</u>	<u>Access Type</u>	<u>Banner Class</u>	<u>Banner Role</u>
Env. Health & Safety	<input type="checkbox"/> Query	BAN_HR_OSHA_INQUIRY_C	HR_OSHA
	<input type="checkbox"/> Update	BAN_HR_OSHA	HR_OSHA
Tech Fit	<input type="checkbox"/> Update	BAN_HR_TECHFIT_SDC_C	
Department Time Entry	<input type="checkbox"/> Update	BAN_PAY_TIME_C	
University Senate	<input type="checkbox"/> Update	USR_HR_UNIVSENATE_C	
Budget Office	<input type="checkbox"/> Update	BAN_HR_BUDGET_C	
OIEI	<input type="checkbox"/> Update	BAN_HR_IEI_C	
Salary Planner	<input type="checkbox"/> Query		HRMANAGER
	<input type="checkbox"/> Update		HRMANAGER
EPAF	<input type="checkbox"/> Origination	BAN_HR_EPAF_USERS_C	EPAFADMIN

**Departmental Reports**

Department(s) Needed: \_\_\_\_\_

Payroll Labor/Roster  Position Management  Department Specific  Other: \_\_\_\_\_

**Applicant Certification**

Access privileges are issued to employees 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, the employee accepts responsibility for knowing and complying with [FERPA](#).

*I certify that I understand my responsibilities as an authorized user of the requested data.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Approval**

The above employee's duties require access to the administrative computer system and data. I realize that it is my responsibility to have the employee read and understand [FERPA](#) guidelines.

Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Data Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_\_