

University of Nebraska
Confidentiality Statement for Employees with Access to University Business Systems

Please Print or Type Name: _____

Confidential Information - As part of access to the University's Business Systems, each employee must understand and accept the responsibility of working with confidential, sensitive, and/or private information, including but not limited to, social security numbers, checking and savings account numbers, non-published telephone numbers, personnel evaluations, educational records, medical history, and insurance coverage (collectively referred to as "confidential information"). University of Nebraska employees who have access to confidential information are obligated to keep it confidential and use it only for work-related purposes.

Each employee will be held accountable for the appropriate use of the information to which he or she has access, including information contained within the University of Nebraska SAP R/3 system and/or the University of Nebraska Data Warehouse and/or any future information systems that may contain similar confidential information.

In keeping with these requirements, and to adhere to University of Nebraska Executive Memorandum 16 (Policy for Responsible Use of University Computers and Information Systems), Executive Memorandum 26 (University of Nebraska Information Security Plan), ID-01 Institutional Data Use Policy, ITS-05 Data Classification and Storage Policy, all employees with access to confidential information must agree as follows:

Please initial each box

- I will not disclose any budget, financial, personnel, payroll or procurement information except to the extent necessary to carry out the responsibilities of my employment or as otherwise required by the law.
- I will only access confidential information for legitimate business purposes and will not use the information for personal use.
- I will not share my ID or password information with anyone, at any time, for any reason, except when necessary to facilitate computer maintenance and repairs.
- I will ensure confidential information remains secure even if I walk away from my computer terminal.
- I will not leave reports containing confidential information in view of others who do not have a legitimate business reason to view the data.
- I will not remove material containing confidential information from my work site.
- I will notify my immediate supervisor immediately if I discover my ID or password has been revealed or compromised.

- I will advise my immediate supervisor or Internal Audit and Advisory Services if I learn of any inappropriate business activities or University policy violations.

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I understand that my failure to comply with this Confidentiality Statement may lead to disciplinary action, up to and including termination of my employment.

Initial here to indicate you have read, understand, and will comply with University of Nebraska Executive Memorandum 16 (Policy for Responsible Use of University Computers and Information Systems), Executive Memorandum 26 (University of Nebraska Information Security Plan), ID-01 Institutional Data Use Policy, ITS-05 Data Classification and Storage Policy can be found on the following website: <https://nebraska.edu/offices-policies/policies>.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Printed Supervisor Name: _____

Instructions:

- All boxes must be initialed by the employee.
- The employee and the employee's direct supervisor need to sign and date the Confidentiality form.
- The **original** signed document needs to be returned to the address listed below. (Scanned, faxed or copies will not be accepted).
- New SAP users will not receive their ID/password until the Confidentiality form is returned.
- Confidentiality forms not completed correctly will be returned to employee.

Return completed Confidentiality form to:

Beth Benson/Ashley Colee
Information Systems
408A Canfield Administration Bldg.
Lincoln, NE 68588-0436

Internal use only:

Form received: _____

SAP Per #: _____

NU id number: _____

SAP id: _____