

LEAD @ UVA
Administrative Access Agreement

Name (Please Print): _____ Computing ID: _____

Access Requested:

- Super User
 - Organization Goal Admin
 - Compensation Admin
- 1. I will not disclose my password to other individuals, and acknowledge that the combination of my computing ID and password is considered equal to my electronic signature. I understand that I will be held responsible for the consequences of any misuse occurring under my computing ID and password due to any neglect on my part.
- 2. I agree to access and alter only the information for which I have responsibility or authorization, and not to view information that I have no need or authorization to see as part of my responsibilities. Access to or use of Lead@UVA and the data it contains for my own personal gain or profit, for the personal gain or profit of others, to satisfy personal curiosity, or for any other reason except as specifically authorized by the Lead@UVA Program is strictly forbidden.
- 3. I will respect the confidentiality of individuals to whose information I have been given access. I will not view or disclose that information except as required by my responsibilities and as allowed by University policies and/or applicable law.
- 4. I understand that the transactions processed with my Lead@UVA access may be audited, and appropriate action will be taken if improper uses are detected. Logging in as others without demonstrated business need, attempting to alter security profile information, and purposefully transferring a task without cause are examples of misuse. I understand that abuse of my privileges is strictly prohibited.
- 5. I agree to follow the privacy, security, and other policies and procedures established by the University, as well as state and federal security and privacy laws and regulations that apply to the use of my Lead@UVA access.
- 6. I understand that, should I leave my current position, either through transfer or termination, my access rights will be revoked, unless my new position requires me to perform the same work.
- 7. My signature below indicates that I have read, understand, and agree to abide by these requirements. Failure to do so may result in the revocation of my Lead@UVA privileges and/or disciplinary actions, including termination of my employment.

Employee Signature (Date)

Dean/VP Signature (or Designee) (Date)

Printed Name of Dean/VP/ Designee

Identify the Schools, Departments, and/or Org Codes for which access is being requested:
