



HRMS Access Request

Instructions:

1. All sections of this form must be completed in full.
2. The appointing authority must sign the form indicating his or her approval of the employee's access to the Human Resources Management System (HRMS).
3. Both the employee and appointing authority must read and sign the HRMS Access Agreement which outlines the use and disclosure of the information as it relates to HRMS.
4. Both forms must be submitted to the address showing above.
5. Questions should be directed to the IT Manager at the phone number listed above.

Information to be supplied by the Employee's Supervisor:

Request Date: _____

Requested by: _____

Title: _____ Phone: _____

Supervisor's E-mail: _____

Reason for Access: _____

Information to be supplied by the Employee:

Employee Name: _____ Employee #: _____

Title: _____ Position #: _____ Phone: _____

Agency, Department, and Division Name: _____

Employee's Work Location: _____

Employee's E-mail: _____

Information to be supplied by the Agency or Department Head:

Approved by: * _____ Date: _____

Title: _____

* Signature of agency or department head (or deputy) is required -- no delegation to others will be accepted.

For Department of Personnel Use Only:

Employee Login Name: _____ Operator Class _____ Security Class: _____

Approved by: _____ Date Approved: _____

Date Communicated to Employee and Requestor: _____ By: _____

HRMS Access Agreement

Regarding Use and Disclosure of Confidential Information as it relates to the State of Vermont's Human Resource Management System (HRMS)

The State of Vermont HRMS contains private, confidential information about the State's workforce, individual employees, former employees, applicants, and individuals and enterprises who contract with the State. Access to the HRMS will be granted only to employees who, in the normal course of assigned duties, have a legitimate need to access the system, and who have read and agreed to the conditions stated herein. Limitations on access to and use of information apply not only to information viewed by direct, on-line access. In addition to direct, on-line access, this agreement covers such information downloaded, reproduced, or retransmitted in any way, including but not limited to electronic files, hard-copy reproductions of systems information, and reports or documents in any form that communicate information obtained from the HRMS system.

The undersigned Employee understands and agrees that the State has a vital interest in protecting the security of confidential information and in preserving the privacy of individuals and businesses associated with state government. The undersigned Employee understands and agrees that confidential information may not be released in any form or used in any manner that is not specifically required to perform official duties. The undersigned employee also agrees that this information shall not be used for his or her personal benefit or information, or used for the benefit or information of any other person or entity except as specifically authorized in this agreement. Any access or use in violation of this policy may also be a violation of 13 V.S.A. § 4102, or other provision of the Vermont computer crimes law. 13 V.S.A. § 4102 provides: "A person who knowingly and intentionally and without lawful authority, accesses any computer, computer system, computer network, computer software, computer program, or data contained in such computer, computer system, computer program, or computer network shall be imprisoned not more than six months or fined not more than \$500.00, or both."

In addition to the important obligations of confidentiality that comes with access to the HRMS database, employees granted access to input data and make changes to employee data are entrusted with the power to effect significant modifications to employee records. Examples demonstrating the extent of this power include the ability to change an employee's pay rate, pay grade, and benefit accrual rates. However, access to make these changes in the system does not equate to authority to approve the changes. Depending on the type of change, the authority to approve may lie with the department head or the Department of Personnel.

By signing below, the undersigned Employee acknowledges that system access to make changes is not the same as authority to approve changes. The undersigned Employee understands that all changes the employee makes must be properly approved by the appropriate official who holds approval authority.

The undersigned Employee further acknowledges that if they intentionally exceed the limitations on their authority to effect changes that are not properly approved, they may be subject to disciplinary or corrective action, up to and including dismissal. Intentional, unauthorized actions that result in a loss to the State may be referred to law enforcement authorities for investigation and possible prosecution. Any failure to follow these limitations may lead to the loss of HRMS access, which may have an effect on the undersigned Employee's ability to perform job duties.

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Information Use and Access: Personnel Policy 5.5 assigns certain types of information to the categories “public” and “confidential.” Regardless of the fact that Policy 5.5 identifies some types of information as public, such information should only be accessed and shared as required in the performance of official job duties. Employees must be especially vigilant in protecting that information identified by Policy 5.5 as confidential. Information about Vermont State computer systems, including computer names, user names, passwords, serial numbers, software codes, or network addresses is also confidential information.

Receipt of this Notice: The undersigned Employee certifies that the terms of this Agreement have been furnished and explained, and are understood by the Employee. The Employee agrees that compliance with the agreement provisions is a condition of employment and a condition of access to the HRMS. The Employee agrees that his/her access to the system is assigned exclusively to him/her and that the assigned login and password will not be shared. Sharing of a login and password will result in immediate revocation of system access. Violation of the terms of this agreement may also result in disciplinary or corrective action, up to and including dismissal from employment.

Employee (HRMS User) Signature: _____ Date: _____

I hereby certify that the above-identified employee has been provided this document and provided his or her signature to indicate acceptance of these terms. I further certify that ongoing monitoring for compliance with the provisions of this agreement shall take place.

Agency/Department Head Signature: _____ Date: _____