

## 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-Lincoln 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 Data Warehouse (nulook/AMIS) 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) and Executive Memorandum 26 (University of Nebraska Information Security Plan), 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 AMIS Team if I learn of any inappropriate business activities or UNL policy violations.

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 Memoranda 16 and 26. Executive Memoranda 16 and 26 can be found on the following website: <http://www.nebraska.edu/bylaws-and-policies/executive-memoranda.html>.

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.
- Confidentiality Forms not completed correctly will be returned to employee.

### Return Completed Confidentiality Form To

AMIS Team  
Institutional Research, Analytics and Decision Support  
332 Canfield Administration Building  
Lincoln, Nebraska 68588-0435

### Internal Use Only

Form Received: \_\_\_\_\_

SAP Personnel Number: \_\_\_\_\_