

# *DATATEL*

## *Account Application*

A DATATEL user account is available to Saint Michael's College employee's if required by their position, and upon request and submission of this completed form.

The conditions under which this account is granted include:

1. Accounts are available **only** to current employees.
2. Accounts will be closed when an employee leaves the college.
3. Accounts are to be used **only** for Administrative purposes.
4. Accounts are to be used **only** by the person to whom the account is assigned. If someone else requires access, they must apply for their own account.
5. **\*\*\* DO NOT give your password to anyone else. \*\*\***
6. **\*\*\* DO NOT let other people use your account. \*\*\***
7. All accounts will be closed or suspended upon detection of illegal or improper use, as noted in this application.
8. The following list, not all-inclusive, details some actions which will be considered as **improper use**:
  - ◆ Misuse, theft, or unauthorized dissemination of any information.
  - ◆ Data inquiries of information not directly related to job responsibilities.
  - ◆ Use for personal, business, or commercial purposes.
  - ◆ Duplication of software and/or documentation without consent.
  - ◆ Attempts to break the system security, or using another persons account.
  - ◆ Damage to, or abuse of, computing hardware and software.
  - ◆ Misrepresentation of employee status.
9. The Department of Information Technology reserves the right to inspect a user's account and/or files to ensure efficient operation of the system.

# DATA TEL Account Application

Please complete the following application: Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor or Person training you: \_\_\_\_\_

Please circle the modules that you require access to:

Student Systems (ST) => AM AR CE CR DA FA RG SH CC DM

Colleague Financials (CF) => AP BU FA GL PP PU CC DM FP

Human Resources (HR) => PE PR PC Benefactor (FR) \_\_\_\_\_

If there is someone in the department that we can model your access on, please answer the questions in box 1; if not then answer questions in box 2.

1.) Is there someone in the department that has the same access you require? \_\_\_\_\_

Name of person to use as a model for your access: \_\_\_\_\_

2.) List specific screens which you will need inquiry access to:

\_\_\_\_\_  
\_\_\_\_\_

List specific screens which you will need update capability:

\_\_\_\_\_  
\_\_\_\_\_

By my signature below, I acknowledge receipt and understanding of the conditions under which this account is issued.

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

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DO NOT WRITE BELOW THIS LINE. FOR IT DEPARTMENT USE ONLY!

Username Assigned: \_\_\_\_\_ UID: \_\_\_\_\_

Groups: \_\_\_\_\_ Printers: \_\_\_\_\_