



Automated Point of Sale (POS)

In-Touch receipting system
Access request form

SECTION A To be completed by SUPERVISOR

The following individual is authorized for In-Touch POS access: (please type or print)

Name: _____

School/Department: _____

Title: _____

Contact phone #: _____

SECTION B To be filled out by EMPLOYEE and SUPERVISOR

Acknowledgement of confidentiality and acceptable use provisions

As an employee of the Everett School District #2, I am aware that certain data and materials to which I have access must be treated in a confidential manner. I am aware that any breach of confidentiality or abuse of my position may result in disciplinary action. Examples of such data or materials which require confidentiality include, but are not limited to, reports and computer terminal display information. In consideration for the privilege of using and having access to the POS system, I hereby release the Everett School District #2 from any and all claims and damages of any nature arising from my use of the POS system, without limitation. Further, I have read and agree to abide by procedures for receipting and cash handling as defined by the Business Information Manual and/or ASB Manual, which I have reviewed and understand. POS access accounts are to be used only by the authorized user of the account. Users may not share their password with another person or leave an open session unattended or unsupervised. Account owners are ultimately responsible for all activity conducted using their password access to the POS terminals.

Employees and students shall not have access to the system without having received appropriate training. Under prescribed circumstances non-student or non-staff users may be permitted, provided they have received appropriate training and are serving in a voluntary capacity to benefit the district.

The district reserves the right to remove users from the system at its sole discretion. Employee users may appeal the removal from the system to the accounting manager. If the user is not satisfied with the accounting manager's determination, she/he may appeal that decision to the director of finance and business services, whose decision is final.

Violation of any of the acceptable use provisions may be cause for removal from access to the POS system and/or disciplinary action.

Employee Signature

Date

Supervisor Signature

Date

SECTION C To be filled out by the ACCOUNTING OFFICE

Type of access granted: _____

Date trained: _____

District accountant

Date

Accounting manager

Date