



BusinessPlus

Access Request Form

SECTION A**TO BE COMPLETED BY SUPERVISOR**

THE FOLLOWING INDIVIDUAL IS AUTHORIZED FOR BUSINESSPLUS ACCESS: (please print)

NAME: _____ ID #: _____

SCHOOL/DEPARTMENT: _____

TITLE: _____

CONTACT PHONE #: _____

1) When will employee be available for BusinessPlus training? _____

2) What job running access is needed? GL Reports _____ Process PO's _____

Other _____
Describe module needs (AP, PY, HR, etc.)

SECTION B**TO BE COMPLETED BY EMPLOYEE & SUPERVISOR****Acknowledgment 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 BusinessPlus 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 BusinessPlus system, without limitation. Further, I have read and agree to abide by the Regulations for Acceptable Use of the Everett School District Network, which I have reviewed and understand.

Employee Signature

Date

Supervisor Signature

Date

***Section A and B must be completed in their entirety.
Forms that are not fully completed will be returned to the requestor.***

SECTION C**TO BE COMPLETED BY FINANCE**

Fiscal Systems Supervisor Signature

Date