**PPMS Data for Report Manager**

**Restricted Access Authorization Agreement**

Shoreline Community College requires employee personal and financial records are maintained confidentially and are not accessed, viewed or disclosed, except for legitimate business purposes. Employees’ personal and financial information may be accessed and reviewed only by authorized College employees with a legitimate business purpose. Examples of personal information that are confidential include, but are not limited to the following:

* Social security number;
* Employee’s home address, phone number, personal e-mail;
* Citizenship, gender, marital status, birth date, race/ethnicity, disability and/or veteran status;
* Federal tax information;
* Any other personal information that may be used to identify an individual employee

**Confirmation of Requirements and Consequences**

**My signature below confirms that I have read and understand all of the information and requirements in this agreement, and that I have a legitimate business purpose that requires my authorized access to and review of confidential employee personal information. My explicit business purpose for accessing the requested report(s) is listed as follows:**

Report Folder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I agree to protect all confidential information from unauthorized access and disclosure. I also understand that any misuse of confidential employee information, including verbal disclosure, may be determined to be gross misconduct and is subject to corrective or disciplinary action up to and including termination of employment, in addition to applicable civil and/or criminal penalties.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Printed Name Employee Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Printed Name Supervisor Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HR Approver Printed Name HR Approver Signature Date**

S: Forms/Employment Forms/PPMS Access/PPMS Restricted Access Agreement (12-10)