

Part I. Applicant Information

Salutation: _____

Surname: _____ Date of Birth: _____

Given Name: _____ UM Student Number (if known): _____

Residence Address & Postal Code: _____

Faculty/Admin. Unit: _____ Work Address: _____

Department/Area: _____ Work Phone: _____

Position Title: _____ Work E-mail: _____

User Agreement (Please read carefully, check all statements, and sign)

I have attached a confirmation Letter from Unit Head/Director on my job duties to this application form

I have read and accept the following FIPPA statement

Personal information is being collected under the authority of the University of Manitoba Act. This information will be used to maintain a personnel record through the University Human Resources Information System and other systems, to make reimbursement, to issue income tax receipt to those personnel, and to confirm employment status for the provision of University of Manitoba computer accounts. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Access & Privacy Office (474-8339), c/o 331 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB R3T 2N2

I accept the terms of the University of Manitoba [Computer Accounts - Usage Agreement](#)

- I will not share my password with any person, or permit any other person to access information under my account
- I undertake to be diligent in not leaving computer screen(s) open and unattended.
- I also undertake to notify Human Resources when I no longer require VIP access, such as position change/transfer, resignation and/or retirement.

I accept responsibility for its use and agree to abide by the University of Manitoba policies and procedures

- I will only use the information from University of Manitoba Human Resource information systems (VIP, REACH-UM) for duties directly related to my job;
- I will not disclose or share information without prior approval from Human Resources at the University of Manitoba;
- I understand that misuse of this account will lead to the suspension of my computing privileges to allow investigation. Confirmed misuse will result in the withdrawal of computing privileges and may lead to legal action by the University.

Applicant Signature: _____ Effective Date: _____

Part II. Unit Authorization

"Unit Authorization" is defined as **authorized personnel** with signing authority within an Academic Faculty/School, and/or Administrative Unit whose head reports to the President, Vice-President, Associate Vice-President or Vice-Provost.
For example: Faculty of Medicine Dean's Office; Libraries Director's Office; Student Affairs - Enrolment Services
An academic department/program within a faculty or school is NOT Unit Authorization as defined within this application form.

Access Request (Select ALL Applicable):

- | | | |
|---|--|---|
| <input type="checkbox"/> Aurora Finance as a signing Authority | <input type="checkbox"/> Remote Terminal Access (access VIP from non-UM buildings) | <input type="checkbox"/> Payroll Authorization Reports (VIP Payroll Reports) |
| <input type="checkbox"/> Book Travel/Hotel/Car or Claim/Reconcile Travel Expenses (CONCUR Travel) | <input type="checkbox"/> HR Employment Info./Reports (VIP HR Info) | <input type="checkbox"/> Payroll Time Entry to submit work hours (VIP Time Entry) |
| | <input type="checkbox"/> HR Postings & Recruitment (REACH-UM) | Time Entry Codes: _____ |

Authorization Signature:

OR

Authorizer Name & Title: _____