

## MANAGEMENT AUTHORIZATION REQUEST WSU ONLINE TRAINING SYSTEM

This form is required to view employee training records and assign select training courses.

Employee Name (first, middle initial, last):	WSU ID Number:
Employee Email:	Employee Phone Number:
Home Department Name:	Home Department Number:

### Appropriate Use Statement

*I understand that I am responsible for respecting the confidentiality of information accessed via computer information systems. I understand that this information is to be used for official university purposes only. Misuse of systems information can result in termination of employment or other disciplinary actions. The security of information is provided for by federal and state laws and University regulations (see BPPM 90.05, 90.06, and 90.07, and Executive Policy Manual EP8).*

*I understand that I am responsible for safeguarding my assigned password. I will not share my password with others. I will store passwords in secure locations. I will contact Information Technology if I suspect that my password has been compromised.*

*I understand that unauthorized access to and/or unauthorized use of the University's computer systems or electronic databases may constitute criminal acts under RCW 9A.48.070-.100 and RCW 9A.52.110-.130.*

**I have read and understand the above statement.**

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

Home department(s) of the employees whose training accounts will be accessible by this training manager:	
Department Name:	Department Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Appointing Authority Name:	Phone Number:	Email:
Appointing Authority Signature:		Date:

View Appointing Authority list at <http://hrs.wsu.edu/ApptAuth>

Route completed form to Human Resource Services, Mail Code 1014.

Questions can be directed to Human Resource Services, 509-335-4521 or [hrstraining@wsu.edu](mailto:hrstraining@wsu.edu)

Processed By	Date
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