

**MANAGEMENT AUTHORIZATION REQUEST
WSU ONLINE LEARNING SYSTEM**

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

Employee Name	WSU ID Number																
Employee Email	Employee Phone Number																
Department Name	Workday Supervisory Organization # <small>(ex: SP012345)</small>																
<p>Appropriate Use Statement</p> <p>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 Business Policies and Procedures Manual (BPPM) 90.05, 90.06, and 90.07, and Executive Policy Manual EP8).</p> <p>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 Services if I suspect that my password has been compromised.</p> <p>I understand that unauthorized access to and/or unauthorized use of the University's computer systems or electronic databases may constitute criminal acts under Revised Code of Washington (RCW) 9A.48.070-.100 and RCW 9A.52.110-.130.</p>																	
<p>Department Training Record Access Supervisory Organization(s) of the employees whose training records will be accessible by this Learning Manager</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 60%;">Department Name</th><th style="width: 40%;">Workday Supervisory Organization #</th></tr></thead><tbody><tr><td>Example: Any Department WSU</td><td>SP012345</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>		Department Name	Workday Supervisory Organization #	Example: Any Department WSU	SP012345												
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<p>Employee Declaration I understand by signing below I am attesting I have read, understand will abide by the above the above statements.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">Employee Signature</td><td style="width: 40%;">Date</td></tr></table>		Employee Signature	Date														
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Appointing Authority Name (Please Print):	
Appointing Authority Signature:	Date:

Return the completed form to Human Resource Services - Learning & Organizational Development.
hrstraining@wsu.edu

Human Resource Services Use	
Processed By	Date