MANAGEMENT AUTHORIZATION REQUEST-LEARNING ADMINISTRATOR
WSU ONLINE LEARNING SYSTEM

This form is required to view employee training records and assign select courses.
Return the completed form to Human Resource Services–Learning & Organizational Development. hrstraining@wsu.edu

Employee Name	WSU ID Number
Employee Email	Employee Phone Number
Department Name	Supervisor Email:

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 Business Policies and Procedures Manual (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 Services 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 Revised Code of Washington (RCW) *9A.48.070-.100* and RCW *9A.52.110-.130*.

Department Training Record Access
Supervisory Organization(s) of the employees whose training records will be accessible by this Learning Manager

Department Name:	Workday Supervisory Organization #
Example: Office of Research (department) College of Arts and Sciences (area)	**SP012345**

Employee Declaration
I understand by signing below I am attesting I have read, understand will abide by the above the above statements.

Employee Signature	Date

Appointing Authority Name (Please Print):	
Appointing Authority Signature:	**Date:**