

PA7 System Postdoctoral Module Access Request

CONFIDENTIALITY STATEMENT – READ CAREFULLY AND SIGN By signing this application, I agree that I will not, outside of the performance of my duties, access, print, copy or disclose to any party (GW employee, GW student or anyone else) proprietary, confidential, and/or protected information, including proprietary licensed software residing on GW computer systems. I also agree not to disclose to any party (GW employee, GW student, or anyone else) my access codes and/or passwords. I agree to treat as confidential all information to which I have been granted access.

I further agree to keep confidential any and all data or information, whether in electronic or printed format, and to comply with the GW Information Technology Security Policy in accordance with the policies and procedures of The George Washington University, and any District, State, or Federal laws. This includes the confidentiality of information concerning GW’s students, employees, vendors, and donors, as well as the University’s proprietary information. This latter is addressed in the policy statement Code of Conduct for Users of Computing Systems and Services, Section 5, which can be found on the ISS Helpdesk website at <http://helpdesk.gwu.edu>. The confidentiality of student records is defined in the provisions of The Family Educational Rights and Privacy Act, as amended (20 U.S.C. 1232(G)), and with the regulations issued thereunder by the U.S. Department of Education.

I understand that if I fail to abide by these conditions, my access to any and all GW computer systems may be terminated and that disciplinary action, including possible termination of employment, may be instituted against me.

User’s Signature: _____ Date: _____

User Information

New Account	Name:	Title:
Change to existing Account	GWID:	School/Department:
Terminate Access	Net ID:	GW Email:

Role and Signatures

Postdoctoral Administrator – This person initiates within the PA7 system all position establishment, posting, and hiring proposal requests. There may be multiple individuals within a school with this role, for e.g., department operations staff or school staff.	<i>Requires POD Manager approval, unless CCAS then Finance Director</i> Name: Title of Approver: Signature:
SRA – This person reviews and approves requests initiated by the Postdoc Admin and certifies that the external funding source has sufficient funds if the position is supported by a sponsored project either partially or fully.	<i>Requires ADR or Pod Leader approval</i> Name: Title of Approver: Signature:
ADR – This person (necessarily) approves the compensation for an advanced trainee (a postdoc whose salary exceeds a predefined threshold, which varies by year) and (optionally) approves other requests before they are passed to OPA.	<i>Requires OPA approval</i> Name: Title of Approver: Signature:

Only include home orgs not labor distribution orgs.

Please Select your School Affiliation

Please list the Orgs needed for your area

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Supervisor’s Information

Name:	Phone:	Email:
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Supervisors Signature:

Date:

OPA Signature:

Date: