

Student Employee Agreement for ISIS - Instructions

In order for a student employee to have access to ISIS for employment purposes, a second ISIS account will be created called the Student Employee ISIS Account. This is in addition to the student's personal student account on ISIS.

Student Employee (definition) – For the purposes of ISIS, those individuals who do not teach class, who are primarily a student, who work for the university, but are not appointed or are appointed half-time or less. Full-time, appointed staff, or faculty who occasionally take a class, or teaching graduate students are not in this category.

A supervisor of a student employee must input the student employee password on the computer that the student will be using while at work.

Student employees may not work on ISIS outside of the office. To work in ISIS they must be in the office under the supervision of their supervisor(s).

To Request New Security or to Change Security

1. Both the student employee and their direct supervisor must sign the Student Employee Agreement
2. Also, complete the ISIS Security Request form for the student employee.
3. Forward **both** the completed Student Employee Agreement form and the ISIS Security Request form to :
Campus Mail: ISIS, Hotz 500 OR Fax: 575-2464
4. The ID and password for the Student Employee ISIS account will be sent to the supervisor's e-mail address.

Required Reading List

The University of Arkansas' Code of Computing Practices:
<http://www.uark.edu/compserv/npp/policies/code.html>

Family Educational Rights and Privacy Act (FERPA)
<http://www.ed.gov/policy/gen/guid/fpc/ferpa/index.html>

Health Insurance Portability and Accountability Act (HIPAA) of 1996
<http://hhs.gov/ocr/hipaa/guidelines/guidanceallsections.pdf>

Gramm-Leach-Bliley Act (GLBA)
<http://www.ftc.gov/bcp/online/pubs/buspubs/glbshort.htm>

Student Employee Agreement for ISIS

As a student employee:

- I understand that the information contained on the ISIS system is considered private and confidential and that I have been authorized to use ISIS information while under supervision **solely** for the job-related purposes which have been approved for me.
- I understand that any use or disclosure of such information that is not permitted by state or federal law or University policy -- including, but not limited to the Family Educational Rights and Privacy Act (FERPA), the Gramm-Leach-Bliley Act, the Health Insurance Portability and Accountability Act (HIPAA) of 1996 or the University of Arkansas' Code of Computing Practices, as applicable -- is strictly prohibited.
- I certify that I have read and agree to abide by the regulations of FERPA, HIPPA, GLBA, and I agree to abide by the regulations of the University of Arkansas including the Code of Computing Practices.
- I agree that I will not inappropriately view, report, or distribute the information contained in the ISIS system. If I have any questions about the extent of my authorization to use this information, I will contact my supervisor.
- I understand that I may not, at any time, for any reason, have the password for the Student Employee ISIS Account that I will be using and agree that if I inadvertently learn the password for this account, I will report this to my supervisor so that the password may be changed.
- I understand that failure to comply with these regulations and agreements will result in disciplinary action, including the possibility of dismissal, and will be a part of my performance review.

Name _____ Signature _____ Date _____

Student Employee's UARK E-mail _____

As the supervisor of the above named student employee:

- I agree that I will keep confidential the password for the Student Employee ISIS Account used by this student employee and will not give the password to the student employee for any reason.
- I understand that if it becomes known that the student employee has the password for the Account, the Account will be locked until I change the password so that the student no longer knows it.
- I agree to cancel the Student Employee ISIS account when the student leaves the employment of our department.

Name _____ Signature _____ Date _____

Supervisor's UARK E-mail _____

