CONSTRUCTION ACCOUNTING SYSTEM (CAS)  
SECURITY AUTHORIZATION/REQUEST FOR DELETION

Please retain a copy for your departmental records.

Part A. Requester Information

Name: ________________________________  Job Title: ________________________________

Employee ID: ___________________  Phone Number: _____________________  Box: ________________

Dept Name: ___________________________  Dept. No: ________________________________

Please select reason for request:  □ New  □ Change  □ Addition  □ Deletion

Part B. Functional Access

Put a check mark in the "Need" column to designate the functions that you require in the performance of your job.

<table>
<thead>
<tr>
<th>Need</th>
<th>Role Description</th>
<th>Access Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction</td>
<td>All rights – View, Add, Update, Delete</td>
<td></td>
</tr>
<tr>
<td>Accounting</td>
<td>System</td>
<td></td>
</tr>
<tr>
<td>CAS Contract</td>
<td>View all pages; Add, Change, Delete rights to all pages under the Contracts and Orders menu tab</td>
<td></td>
</tr>
<tr>
<td>And Orders</td>
<td></td>
<td></td>
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<tr>
<td>CAS Project</td>
<td>View all pages; Add, Change, Delete rights to all pages under the Project Managers menu tab</td>
<td></td>
</tr>
<tr>
<td>Manager Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAS Payments</td>
<td>View all pages; Add, Change, Delete rights to all pages under the Payments menu tab and the Contracts and Orders menu tab</td>
<td></td>
</tr>
<tr>
<td>&amp; Orders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAS Display</td>
<td>View all pages only</td>
<td></td>
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<tr>
<td>Only</td>
<td></td>
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</tbody>
</table>

Part C. Department Approval

I certify that the above named individual requires the specified access to the requested system as stated on this Security Authorization form, and that such access is appropriate in the conduct of their job responsibilities.

Dept Head Signature ___________________________  Date ___________________________

Facilities Dept Signature ___________________________  Date ___________________________

Security Officer
Systems&Procedures ___________________________  Date ___________________________
Part D. Requester Security and Privacy Statement

I certify that my position at Washington University requires access to the requested system as stated on this Security Authorization form. I acknowledge that my access is strictly for business use and any non-business use may be subject to disciplinary action. I further acknowledge that I have read and will comply with the following University policies:

- Information Security Policy, located at http://www.wustl.edu/policies/infosecurity.html,
- Computer Use Policy, located at http://www.wustl.edu/policies/compolicy.html,
- Guide to Legal and Ethical Use of Software, located at http://www.wustl.edu/policies/use_sw.html,

To ensure the privacy and security of University data, I will:
- Access, distribute and share all University data only as needed to conduct campus business as required by my job.
- Respect the confidentiality and privacy of individuals whose data I access.
- Observe any ethical restrictions that apply to data to which I have access.
- Immediately report to my supervisor any and all security breaches.
- Comply with all department and campus IT and business process security policies and procedures, including proper and timely destruction of documents and/or files containing sensitive data.
- Protect and secure data on portable devices; e.g., laptops, thumb drives, CDs.
- Change my password on a periodic basis, as required.
- Contact the appropriate personnel to have my access revoked upon transfer to another department within the University or termination of my employment with the University.

I will not:
- Discuss verbally or distribute in electronic or printed form University data except as needed to conduct University business as required by my position.
- Knowingly falsely identify myself.
- Gain or attempt to gain unauthorized access to University data or computing systems.
- Share my user ID(s) and password(s) with anyone nor use anyone else’s user ID(s) or password(s) without departmental review.
- Leave my workstation unattended or unsecured while logged-in to critical functions or sensitive information.
- Use or allow other persons to use University data or software for personal gain.
- Make unauthorized copies of University data or software.
- Engage in any activity that could compromise the security or confidentiality of University information services.
- Place data or programs on University computers which are not required for my job function. All data and programs must be ones for which the University has the right for use by law or license.

I have read and agree to comply with the terms and conditions stated above. I further understand that a breach of this agreement may be grounds for immediate dismissal and may also result in referral for civil or criminal legal action. Should my affiliation with the University change or terminate, these prohibitions remain in effect.

Requester Signature ____________________________ Date __________________________

If you have questions about any of these terms and conditions, contact your school, department, or unit system manager, or call Systems and Procedures at 314-935-5707.

Please retain a copy for your departmental records.