

California State University, Sacramento

University Computing and Communications Services -- 6065

Statement of Understanding

Name of SacLink Account Administrator (must be CSUS faculty or staff)		Extension
<input type="text"/>		<input type="text"/>
Employee's CMS EmplID	E-mail Address	
<input type="text"/>	<input type="text"/>	
Job Title	Department / College or Program Center	Campus Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

My signature below certifies that I understand that the possession of a SacLink Administrator Account allows me to access personal and confidential information. I further certify and acknowledge that I am expected to safeguard this information and to only access it or use it in accordance with the assigned duties and responsibilities that directly relate to my position at California State University, Sacramento.

I fully understand that:

- I may manage faculty and/or staff accounts only within my assigned program center or department.
- I may not manage any student accounts.
- I will have the ability to change SacLink account passwords but may only do so when authorized by that account's owner and only within my assigned program center or department.
- I must communicate via e-mail to the account owner any changes made to a SacLink account.
- I will have access to other campus systems using SacLink for authentication (CMS, CasperWeb, WebCT, etc.) but may only access them when necessary to facilitate the direct functions of my position and only in the presence of the account holder.
- I may not transfer to or share my account privileges with any other person by sharing my password or using any other method.
- I may have my SacLink Administrator Account suspended or revoked at any time when deemed necessary by my Dean/Program Head or the Associate Vice President for Academic Affairs/Telecommunications.

I also agree to abide by the policies and directives governing the access and safeguarding of personal and confidential information that are found in Section 1798 of the Civil Code (the Information Practices Act), Sections 6250-70 of the Government Code (the Public Records Act), Sections 4840-4846 of the State Administrative Manual and coded memorandum HR2002-27. I fully understand that violating any of the policies and directives listed in this document or those referenced above may result in disciplinary action.

Signature of SacLink Account Administrator	Date Signed
<input type="text"/>	<input type="text"/>

Forward completed original document to the **CCMS Help Desk** located in **ARC 2005** or send via campus mail to **UCCS Account Manager, campus zip 6065**. If you have questions, please call 85979 or 83622.