

Salesforce Security Access Form

Standard Collection Notice

The information on this form is collected under the authority of the [University Act \(R.S.B.C. 1996, c.468\)](#). It is related directly to and needed by the University to authorize access to private and confidential information pertaining to students, staff and faculty at Simon Fraser University. The information will be used to provide access only to the information necessary to carry out tasks . If you have any questions about the collection, use and disclosure of this information please contact the Registrar, MBC 3300, Simon Fraser University, 8888 University Drive, Burnaby, BC V5A 1S6; 778 782 3111.

STEP 1: Applicant completes all fields in this section

Name: _____ Employee ID: _____ Computing ID: _____

Department: _____ Telephone: _____ Signature: _____

Start Date: _____ End Date: _____ (for positions with no end date, please leave blank)

Please provide your position title, exactly as it appears on your letter of offer from Human Resources and role or job function.

Position title & role: _____

Advisor Link required for this position? Yes No

STEP 2: Applicant reads and signs Privacy and Confidentiality Agreement

As an employee of Simon Fraser University, I understand that I have a legal obligation to protect personal information to which I have access through Salesforce and related University records and information systems. In accordance with the [Freedom of Information and Protection of Privacy Act](#) and [University Policy 110.04 - Access to Information and Protection of Privacy](#), I agree to protect all personal information to which I have access in the course of my employment with the University. I agree to use the personal information for the purposes for which it was collected and purposes consistent with my employment responsibilities. I agree that I will only disclose personal information as permitted by law. I understand that discipline, up to and including dismissal, may result if I access, collect, use, disclose, or dispose of personal information without authority. I understand that my legal obligation does not end with my employment at Simon Fraser University but continues in perpetuity and that failure to keep confidential the personal information of individuals is grounds for legal action. By my signature I acknowledge that I have read, understood and will abide by the [SIMS User Guidelines](#), [University Policy 110.04 - Access to Information and Protection of Privacy](#), and the [Freedom of Information and Protection of Privacy Act](#).

Name: _____ Signature: _____ Date: _____

STEP 3: Supervisor Approval*By signing this form, you authorize access to Salesforce for the above-named staff member in your Department or Faculty and confirm that you have provided a copy of the acts named in step 3 to the above named staff member.*

Supervisor Name: _____ Signature: _____ Date: _____ Telephone: _____

Supervisor Email Address: _____@sfu.ca

Departmental Signoff: _____ Signature: _____ Date: _____ Telephone: _____

*(NOTE: Only the Dean, Chair, Director or Manager of Academic & Administrative Services may sign)***STEP 4: Submit Form to IT Services***The form can be submitted via the [SFU IT ServiceHub](#).*

ITS Authorization (Print Name): _____ Signature: _____ Date: _____

Salesforce Role: _____ Salesforce Profile: _____

(or designate) Signature

Print Name: _____ Signature: _____ Date: _____

Does the user have SIMS Access? Y / N Salesforce Access