State of Nevada – Individual Confidentiality Agreement for Access to the Contract Entry and Tracking System (CETS)

| SECTION 1 – REQUEST TYPE (Check One) | | | | | | | | |
|---|--------------------------------|--|--|-------------------------------|----------------------|-----------------------|--|--|
| New Updat | | | | Deletion | | | | |
| Date of Certified Contract Manager Training (New Users Only) | | | | | | | | |
| SECTION 2 – USER INFORMATION | | | | | | | | |
| Employee Full Name: | En | nployee ID#: | Title: | | | | | |
| Phone Number: | Extension, if applicable: | | Email Address: | | | | | |
| Work Address: | | | | | | | | |
| Department and Agency Name: | | Agency Number (3-Digit): Home Org. (Budget Account): | | | | | | |
| COMPLETE EITHER SECTION 3 OR SECTION 4 BELOW: | | | | | | | | |
| SECTION 3: 3-DIGIT AGENCY REQUIRED ACCOUNT ACCESS NOTE: IF THE USER REQUIRES ACCESS TO SPECIFIC BUDGET ACCOUNTS (B/A), <u>SKIP TO SECTION 3</u> TO DESIGNATE THE REQUIRED B/A NUMBERS. | | | | | | | | |
| | Agency | | SECURITY ROLES: Check the applicable role(s) | | | | | |
| Agency Name: | Number (3-Digit) | Dood | Data Entry | Budget Account Approver | Division Approver | Departmer Approver | | |
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| SECTION 4: SPECIFIC BUDGET ACCOUNT ACCESS NOTE: ONLY COMPLETE THIS SECTION IF THE USER REQUIRES ACCESS TO ONE (1) OR MORE, <u>BUT NOT ALL</u> BUDGET ACCOUNTS ASSIGNED TO A 3-DIGIT AGENCY NUMBER. | | | | | | | | |
| | Budget | SECURITY ROLES: Check the applicable role(s) | | | | | | |
| Budget Account Title | Account Number (4-Digit) | Read | Data Entry | Budget Account Approver | Division Approver | Departmer Approver | | |
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| SECTION 5 – AGREEMENT BETWEEN THE EMPLOYEE AND APPOINTING AUTHORITY | | | | | | | | |
| By signing this agreement, the employee agrees to the following: 1. I will not share access with any individuals not authorized by the Department of Administration. 2. This agreement applies to the person named above only while occupying the position listed above. 3. Violations of this agreement will result in the immediate termination of this agreement and may also result in disciplinary action. 4. I promise to preserve the secrecy of my password and the security of the Contract Entry and Tracking System (CETS). I will never allow any person to use my sign-on and password to access CETS. 5. Questions about: a. Proper use of CETS should be directed to the agency's Budget Analyst at the Governor's Finance Office, Budget Division. b. Processing status of this form, Solicitation Waivers, or Contract Extensions should be directed to the Purchasing Division. c. Insurance requirements should be directed to the Risk Management Division. d. Information technology should be directed to the Enterprise IT Services Division | | | | | | | | |
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| Agency Appointing Authority Signature: | Appoin | Appointing Authority (Print Name): | | | | Date: | | |