

**State of Nevada – Individual Confidentiality Agreement for access to the Department of Administration
Contract Entry and Tracking System (CETS)**

NEW UPDATE DELETION

Date of Certified Contract Manager Training (New Users Only): _____

SECTION 1 – USER INFORMATION			
Employee Full Name:		Employee ID #:	Title:
Phone Number & Extension:	Fax Number:	E-Mail Address:	
Work Address:			
Department & Agency Name:		Agency Number (3-digit)	Home Org. (B/A):

SECTION 2 – AGENCY OR BUDGET ACCOUNT ACCESS							
2.A. AGENCY ACCESS – AUTHORIZES THE USER TO HAVE ACCESS TO ALL BUDGET ACCOUNTS ASSIGNED TO AN AGENCY NUMBER. IF THE USER REQUIRES ACCESS TO ONLY ONE OR MORE, BUT NOT ALL, BUDGET ACCOUNTS ASSIGNED TO AN AGENCY, THEN COMPLETE 2.B. BELOW. SECTION 2.A. WILL NOT APPLY.							
Agency Name	Agency Number (3-digit)	SECURITY ROLES: Check the applicable role(s)					
		Read Only	Data Entry	Budget Account Approver	Division Approver	Department Approver	Certified Contract Manager Approver
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR

2.B. BUDGET ACCOUNT ACCESS – AUTHORIZES THE USER TO HAVE ACCESS TO ONE OR MORE, BUT NOT ALL, BUDGET ACCOUNTS ASSIGNED TO AN AGENCY NUMBER. IF THE USER REQUIRES ACCESS TO ALL BUDGET ACCOUNTS ASSIGNED TO AN AGENCY, COMPLETE 2.A. ABOVE. SECTION 2.B. WILL NOT APPLY.							
Budget Account Title	Budget Account Number (4-digit)	SECURITY ROLES: Check the applicable role(s)					
		Read Only	Data Entry	Budget Account Approver	Division Approver	Department Approver	Certified Contract Manager Approver
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 – AGREEMENT BETWEEN THE EMPLOYEE AND APPOINTING AUTHORITY		
<p>By signing this agreement, the employee agrees to the following:</p> <ol style="list-style-type: none"> 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? Questions about the proper use of CETS should be directed to the agency’s budget analyst at the Governor’s Finance Office, Budget Division. Questions about the processing status of this form, Solicitation Waivers, or Vendor Ratings should be directed to the Purchasing Division. Questions about insurance requirements should be directed to the Risk Management Division. Questions about information technology should be directed to the Enterprise IT Services. 		
Employee Signature:	Date:	
Appointing Authority Signature:	Appointing Authority (Print Name):	Date:

EMAIL THE COMPLETED FORM TO THE PURCHASING DIVISION AT purchasinghelpdesk@admin.nv.gov