



University of Connecticut
Payroll Department
Web Access Agreement for the Student Payrolls

Section I

Please check one:

New Account Request

Account Update

Section II

To be completed by the Dean, Director, or Department Head:

This is to certify that the designee named below is authorized to process student labor and student work-study employment transactions through the Student Payroll web application. Please assign a confidential account and password to this designee. I understand that I am required to notify the Payroll Department if these responsibilities are removed from this individual.

Name of Designee: _____

Department: _____

Distribution U-Box(es): _____

Designee's Email: _____

Furthermore, by delegating this responsibility, I understand that I (and my designees) will no longer be signing Student Employment Authorizations. This agreement will replace the signature requirement needed for the former "paper" process.

Print Name and Title

Signature

Date

Section III

To be completed by employee:

As an employee at the University of Connecticut, I am aware that the data to which I have access is to be treated in a professional and confidential manner. This information will be used only in the conduct of official internal business of my department or college and will not be disclosed to any third party.

Print Name and Title

Signature

Date