

NEW UPDATE DELETION

**State of Nevada – Individual Confidentiality Agreement
for Access to the Department of Administration’s Nevada Executive Budget System (NEBS)**

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 (SELECT ONE)

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: Place an “X” in the applicable role(s)			
		Agency Inquiry	Text Maintenance	Personnel/ Position Specialist	Agency Analyst (includes all roles)

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	SECURITY ROLES: Place an “X” in the applicable role(s)			
		Agency Inquiry	Text Maintenance	Personnel/ Position Specialist	Agency Analyst (includes all roles)

SECTION 3 – AGREEMENT BETWEEN THE EMPLOYEE AND HIS/HER APPOINTING AUTHORITY

By signing this agreement, the employee agrees to the following:

1. I will keep all payroll and position information in NEBS confidential.
2. I will not share access with any individuals not authorized by the Department of Administration.
3. I will direct any questions regarding the use to the authorized representative in the Department of Administration.
4. This agreement applies to the person named above only while occupying the position listed above.
5. Violations of this agreement will result in the immediate termination of this agreement and may also result in disciplinary action.
6. I promise to preserve the secrecy of my password and the security of the Nevada Executive Budget System (NEBS). I will never allow any person to use my sign-on and password to access NEBS.

Employee Signature:

Date:

Appointing Authority (Print Name):

Appointing Authority Signature:

Date:

Budget Division Signature:

Date:

**EMAIL THE COMPLETED FORM TO YOUR ASSIGNED BUDGET ANALYST
WITH A COPY TO THE BUDGET DIVISION AT**

budget@admin.nv.gov

Revised 08/15/2012