[ ]  NEW [ ]  UPDATE [ ]  DELETION

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| State of Nevada – Individual Confidentiality Agreement for Access to the Governors Finance Office - Nevada Executive Budget System (NEBS) ***STATE FEES DATABASE APPLICATION – Agency User*** |
| 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 2A OR 2B) |
| 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) |
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| 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 |
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| **If this is a new request, has the prior incumbent’s access been deleted?** |
| 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 Governors Finance Office Budget Division.
3. I will direct any questions regarding the use to the authorized representative in the Governors Finance Office.
4. This agreement applies to the person named above only while occupying the position listed above.
5. I agree to preserve the secrecy of my password and the security of NEBS. I will never allow any person to use my sign-on and password to access NEBS.
6. Violations of this agreement will result in the immediate termination of this agreement and may also result in disciplinary action.
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| 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@finance.nv.gov

Revised 12/18/2015