



RCUH Human Resources Portal User Acknowledgment Form

As a new or reinstated user to the RCUH Human Resources Portal, by signing this form, I understand and acknowledge the following information:

As a condition of being granted access to personnel records and accounts, I agree to handle these actions and records as confidential at all times.

Confidentiality of Personal Identifiable Information (PII) is protected by Chapter 92F (Uniform Information Practices Act) of the Hawai'i State Revised Statutes, the Federal Privacy Act of 1974, and other applicable state and federal laws and Research Corporation of the University of Hawai'i policies.

Individuals working for University of Hawaii projects are subject to confidentiality and PII policies and procedures applicable to the University, College, Institute, or other applicable UH entity. Individuals working for non-UH projects are subject to confidentiality and PII policies and procedures of that respective business entity.

Access to the RCUH HR Portal does not equal delegation of authority. Excluding Co-Principal Investigators, all actions approved by an individual with Supervisory access should be with the PI's approval or concurrence. All actions approved by an individual with Fiscal Administrator access should be with the responsible Fiscal Administrator's approval or concurrence.

I am responsible for the accuracy of these actions and will comply with all internal controls and proper segregation of duties. Non-compliance may lead to corrective action including, but not limited to, disciplinary actions and immediate termination of access.

I understand that I must keep my RCUH Human Resources Portal username and password(s) confidential and sharing or transferring it to any other individual is prohibited.

I have read and reviewed Policy 3.710 RCUH HR Portal System Access and as applicable, UH Executive Policy: E2.210 "Use and Management of Information Technology Resources" and E2.214 "Institutional Data Classification Categories and Information Security Guidelines," or similar applicable business entity's policies and procedures.

Name (print): _____

Job Title and Affiliation: _____

Signature: _____ Date: _____