

Dean (or equivalent) Signature

BOSS Time-out Exception

	Need help? Call 501.916.3011 or email itservices-help@ualr.edu.
ser Information	
Full Name(First, middle, and last name)	ID Number
Email	Organizational Unit
·	
Phone	Job Title
the confidentiality requirements outlined in t	n to the time-out policy, I understand and agree to this Agreement. I understand these confidentiality of the security of information are applicable whether I am s at UALR facilities.
2. I will log off BOSS when I know that	nded with student or employee data clearly visible. at I will be away from my computer for an unreasonable
period of time.3. I will log off BOSS at the end of each	sh day
	otect the information on my computer at all times.
	y record or report to any person except in the scope of
employment and in accordance with	
6. I am responsible for my assigned use	er ID and password and will not share it with anyone else.
7. I will not use another person's user I	
8. Any violation or knowledge of a vio employee's supervisor or the UALR	olation of this code must immediately be reported to the Network Security Officer.
	, violation of confidentiality or any violation of the action, including but not limited to loss of system and er appropriate disciplinary measures.
My signature below indicates that I have rea conditions of this Agreement and agree to be	ad, accept, and agree to abide by all of the terms and e bound by it.

UALR ID

Date