

# School of Medicine Online Reporting Tool Access Request Form

The School of Medicine Online Reporting Tool (“Reporting Tool”) was created to automate the generation of SOM consolidated budget reports and to provide department users with direct access to these reports and their underlying data. The tool offers drill down capability to the general ledger transactional level and payroll detail. Any user with access to the tool will have access to the entire School’s data. With open access comes responsibility, therefore, we have developed the following user principles to regulate appropriate use of the data.

## General User Principles

- User must only access information in the Reporting Tool that is directly pertinent to his/her job duties and scope of responsibilities.
- User must exercise integrity, accountability and responsibility appropriate to their position and delegated authorities when accessing information made available to him/her through the Reporting Tool.
- User must exercise due diligence in handling and protecting<sup>1</sup> confidential information made available to him/her through the Reporting Tool.
- User must comply with all UCSF policies and procedures and the Statement of Ethical Values<sup>2</sup> when accessing, viewing and using information made available to him/her through the School of Medicine’s Reporting Tool.
- User must not use information made available to him/her through the Reporting Tool that is not in the best interest of UCSF.
- User must not use information made available to him/her through the Reporting Tool for private gain or personal use.

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<sup>1</sup> <http://policies.ucsf.edu/650/65016.htm>  
<http://policies.ucsf.edu/650/65018.htm>

<sup>2</sup> [http://www.ucop.edu/ucophome/coordrev/policy/Stmt\\_Stmts\\_Ethics.pdf](http://www.ucop.edu/ucophome/coordrev/policy/Stmt_Stmts_Ethics.pdf)

**Attestation to Using the SOM Online Reporting Tool:**

I understand that reports may be developed to track user usage of the system. Discovery of any inappropriate use of the system may result in disciplinary action and/or termination.

I certify that I have read and agree to all of the above terms and conditions when accessing the SOM Online Reporting Tool.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print User Name, Title and Department: \_\_\_\_\_

**Department Approval:**

I authorize the user to access the SOM Online Reporting Tool.

Describe User’s role and business purpose for why it is necessary to access SOM Online Reporting Tool:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Department Manager Name, Department Name: \_\_\_\_\_

**Please route completed form to [Frances Haney](#).  
For additional assistance or questions, contact [Cindy Taylor](#)  
or call (415) 514-2891**