

# SAP User Agreement

4/2009

I understand that I have been given an SAP User License to perform my job duties in my current position. I understand I am responsible for any activity performed under my SAP user name. I agree not to share my user name and password with any other person. I also understand that while I may be given access to confidential information, that does not give me the right to share that information with others. I must attend Security Awareness training at least once every two years in order to retain my license.

This SAP License is subject to all privileges and restrictions stated in the Appropriate Use Policy (<https://secure4.olemiss.edu/umpolicyopen/ShowDetails.jsp?istatPara=1&policyObjidPara=10642998>).

By my signature, I accept the above terms and conditions of my SAP License.

Signature

Date

Name (please print)

As Department Head, I understand that I am also responsible for this SAP User License and all activity associated with this account.

Signature      Date

Name (please print)

**This SAP License is tied to the individual in a position. As individuals transfer to other departments on campus, the license will be locked and the affected department will have one week to request the reinstatement of the license before the account will be deleted. As individuals leave the University, their accounts will be locked. Inactivity of accounts may also cause licenses to be locked. After a license has been locked, departments may be required to provide documentation to show the need for the license.**

Please return signed SAP User Agreement by campus mail to Laurie Richlovsky, SAP Training Coordinator, Powers Hall, Room 200, or fax to x7180.