**Setup & Change Request: Payroll Digital forms process**

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| **Name of the Academy school(s) that digital forms will be submitted for. Please indicate if forms will be submitted for all schools within the AcademyTrust** |  | | |
| **Current Authorised user & Post Title** |  | | |
| **Employee Number-required** |  | | |
| **Post number-required** |  | | |
| **Email Address** |  | | |
| **New Authorised User & Post title** |  | | |
| **Employee Number-required** |  | | |
| **Post number-required** |  | | |
| **Email Address** |  | | |
| **Is this a Temporary change?**  **Note:** A further change form will need to be completed to reverse or update any temporary changes | |  |  | | --- | --- | | **Yes** |  | |  |  | | **No** |  | | **Reason for the change** |  |

**By signing this form, I understand and agree to the following:**

1. I am responsible for any actions performed by, or associated with this user ID.
2. I confirm that I have undertaken any relevant Data Protection training and will follow the guidance it contained in full and will comply with all relevant organisational policies.
3. I will only process information for which I have authority and for work purposes only.
4. I will endeavour to protect unauthorised access to my computer by means of a password protected screen saver or by locking my computer whenever I am away from my desk.
5. I will not access, alter, or amend any records inappropriately or where others may consider there to be a conflict of interest.
6. If I am unsure whether my knowledge of an person would prohibit me from accessing their record, I will obtain guidance from my line manager.
7. If I access a record of someone known to me personally by **mistake**, I will stop immediately and inform my line manager.

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| **Operator Signature** |  | **Date** |  |

**Your line manager or nominated representative must complete this section.**

I authorise the above-named person in my organisation to have access to the variation change process as specified above. I confirm that this person has undertaken all relevant Data Protection training within the last two years.

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| **Authorising Signature** |  | **Date** |  |

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| **Print Name** |  | **Contact No.** |  |

Please email the completed form to: [academypayrollforms@coventry.gov.uk](mailto:academypayrollforms@coventry.gov.uk)