

**State of Nevada – Individual Confidentiality Agreement for Access to the  
Contract Entry and Tracking System (CETS)**

<b>SECTION 1 – REQUEST TYPE (Check One)</b>						
New		Update		Deletion		
<b>Date of Certified Contract Manager Training (New Users Only)</b>						
<b>SECTION 2 – USER INFORMATION</b>						
Employee Full Name:		Employee ID#:	Title:			
Phone Number:	Extension, if applicable:	Email Address:				
Work Address:						
Department and Agency Name:			Agency Number (3-Digit):		Home Org. (Budget Account):	
<b>COMPLETE EITHER SECTION 3 OR SECTION 4 BELOW:</b>						
<b>SECTION 3: 3-DIGIT AGENCY REQUIRED ACCOUNT ACCESS</b>						
<i><b>NOTE: IF THE USER REQUIRES ACCESS TO SPECIFIC BUDGET ACCOUNTS (B/A), SKIP TO SECTION 4 TO DESIGNATE THE REQUIRED B/A NUMBERS.</b></i>						
Agency Name:	Agency Number (3-Digit)	SECURITY ROLES: <i>Check the applicable role(s)</i>				
		Read Only	Data Entry	Budget Account Approver	Division Approver	Department Approver
<b>SECTION 4: SPECIFIC BUDGET ACCOUNT ACCESS</b>						
<i><b>NOTE: ONLY COMPLETE THIS SECTION IF THE USER REQUIRES ACCESS TO ONE (1) OR MORE, BUT NOT ALL BUDGET ACCOUNTS ASSIGNED TO A 3-DIGIT AGENCY NUMBER.</b></i>						
Budget Account Title	Budget Account Number (4-Digit)	SECURITY ROLES: <i>Check the applicable role(s)</i>				
		Read Only	Data Entry	Budget Account Approver	Division Approver	Department Approver
<b>SECTION 5 – AGREEMENT BETWEEN THE EMPLOYEE AND APPOINTING AUTHORITY</b>						
<i><b>By signing this agreement, the employee agrees to the following:</b></i>						
<ol style="list-style-type: none"> <li>1. I will not share access with any individuals not authorized by the Department of Administration.</li> <li>2. This agreement applies to the person named above only while occupying the position listed above.</li> <li>3. Violations of this agreement will result in the immediate termination of this agreement and may also result in disciplinary action.</li> <li>4. I promise to preserve the secrecy of my password and the security of the Contract Entry and Tracking System (CETS). I will never allow any person to use my sign-on and password to access CETS.</li> <li>5. <b>Questions about:</b> <ol style="list-style-type: none"> <li>a. Proper use of CETS should be directed to the agency's Budget Analyst at the Governor's Finance Office, Budget Division.</li> <li>b. Processing status of this form, Solicitation Waivers, or Contract Extensions should be directed to the State Purchasing Division.</li> <li>c. Insurance requirements should be directed to the Risk Management Division.</li> <li>d. Information technology should be directed to the OCIO</li> </ol> </li> </ol>						
Employee Signature:						Date:
Agency Appointing Authority Signature:			Appointing Authority (Print Name):			Date: