

**ADMINISTRATIVE PRACTICE LETTER**

**SUBJECT: CREDIT/DEBIT CARD STANDARDS**

**APPENDIX V - Employee Acknowledgment Form - Credit/Debit Card Responsibilities**

Employee Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Merchant Department Contact: \_\_\_\_\_

Department: \_\_\_\_\_

Campus: \_\_\_\_\_

**Purpose:**

This form provides documentation that the above named employee has reviewed the training on Credit/Debit Card Standards (available at: [www.courses.maine.edu](http://www.courses.maine.edu)) and understands the compliance responsibilities related to their job functions. Where the employee has questions or concerns, the employee has communicated with their supervisor, the Campus Card Coordinator, and/or System personnel to reach resolution.

**Employee Certification:**

I, \_\_\_\_\_, certify that I have reviewed the Credit/Debit Card Standards and related documents and understand my compliance responsibilities. I have reported any concerns to my supervisor, Campus Card Coordinator, and/or appropriate System personnel so that any issues may be addressed. I understand the sensitive nature of the information to which I have access and my responsibilities to keep this information private and secure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Note: This completed form will be retained by the Campus Card Coordinator responsible for the Merchant ID for which the above named employee has access. Forms will be kept on file for three years to document that employees have been informed about their PCI DSS related responsibilities and other associated information. Auditors or members of management with PCI responsibilities may review the information periodically to ensure University of Maine System's obligations in this area are met.*