UW System Administration Data Access Authorization Request form

1) Complete the information contained in the boxes below
2) Signature of the Employee and Supervisor is required
3) Return form to: Jim Stull, 780 Regent Street – Madison, WI 53706

Access (Check only one) : ☐ Add  ☐ Modify  ☐ Delete
Employee ID: ______________ (Located on your earnings statement)
Federated Login:_________________ (Used to report time and access earning statements, etc.)
Employee Name:____________________________________________________________________
Employee Initials (First/Mid/Last): _______ Phone:__________
Email Address:_______________________________
Campus Name:________________________Dept/Office:______________________

Check the box or boxes to request UWSA APPLICATION(S) –Applications are installed on your computer or
available as web based applications

These applications are web based applications:
☐ CEUS - Student & Curricular ☐ CEUS - Financial Aid ☐ Wisconsin GI Bill
☐ CEUS - Financial Aid ☐ Transfer Information System (TIS) ☐ Job Group Codes

These applications need to be installed onto your computer:
☐ IAIS
☐ Facilities

Applications for UW System Administration Employees Only:
☐ AAEEO Self Reporting ☐ Equipment Inventory ☐ Table Management Tool
☐ Board of Regent

Check the box or boxes to request UWSA Dataview(s)- Dataviews are available for query purposes only

☐ CDR Student ☐ Human Resources (HRIS) ☐ Corp Card
☐ CDR Curricular ☐ Job Group Codes (AA/EEO) ☐ Purchase Card
☐ CDR Financial Aid ☐ Fee Tuition Rates
☐ IAIS ☐ Safety and RM (a.k.a. Facilities)
☐ MAAD ☐ Plant Ledger

Dataviews for UW System Administration Employees Only:
☐ Equipment Inventory ☐ GI Bill Tuition Waiver ☐ Sick Leave Estimator

EMPLOYEE:
Employee Print Name: ________________________________
Employee Signature: ________________________________ Date: ____/____/_______

SUPERVISOR:
Supervisor Print Name: ________________________________
Supervisor Signature: ________________________________ Date: ____/____/_______

Created 3/18/2014 – Updated 6/20/2017
This form is used for Data Custodian Signatures and setup information for Employees requesting access to data from UW System Administration.

Data Custodian Authorization Signature(s)

1) ___________________________________________ Date:_________________
2) ___________________________________________ Date:_________________
3) ___________________________________________ Date:_________________
4) ___________________________________________ Date:_________________

TIS Security Level Assigned by Data Custodian:
BT__ CE__ CO__ DE__ FN__ TM__

CEUS Security Level Assigned by Data Custodian:

Student/Curricular:  Build____ Update____ Query____
Financial Aid:       Build____ Update____ Query____

Oracle Box       ____CDR3   ___OISA   ___TIS

DBA Signature_________________________________________________ Date:___________

Added to Application Security by OIS staff:
TIS_______________________ Date:____________
CEUS______________________  Date:____________
IAIS_______________________  Date:____________
FACILITIES _________________  Date:____________
WIS GI BILL_________________  Date:____________

Notified employee of logon Date:______________

Sent User Compliance Form to Employee Date:_________

Notified employee of password:_______________

Received signed User Compliance Form Date:____________

ASSIGNED LOGON:_________________________________________ Date____________

ASSIGNED PASSWORD:_______________________________________ Date____________

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