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: Pat Hawkey, UWSA Data Administrator – Suite246, 780 Regent Street – Madison, WI 53706

Access (Check only one): □ Add □ Modify □ Delete
Employee ID: ______________ (Located on your earning statement)
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
□ Transfer Information System (TIS)
□ Wisconsin GI Bill
□ 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
□ Board of Regent □ Facilities Lease

Check the box or boxes to request UWSA Dataview(s)- Dataviews are available for query purposes only
□ CDR Student □ Human Resources (HRIS)
□ CDR Curricular □ Job Group Codes (AA/EEO)
□ 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 □ FMIS □ GI Bill Tuition Waiver

EMPLOYEE:
Employee Print Name:________________________________________________________
Employee Signature:___________________________ Date: ____/____/_______

SUPERVISOR:
Supervisor Print Name:_____________________________________________________
Supervisor Signature:___________________________ Date: ____/____/_______
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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