**Instructions:**

1. Please indicate which system(s) access is being requested for.
2. A Manager or Supervisor must complete this form to request access for their employee.
3. For those systems containing PHI data, this request form must be provided to your Department’s Academic Administrator or Department Head/Director for secondary approval.
4. Once the necessary approval is obtained, the requestor may submit a help desk ticket attaching both the request form and written secondary approval (where applicable).

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| --- | --- |
| **Part 1: EMPLOYEE INFORMATION** |  |
| [ ]  New Request [ ]  Change Request  | Click here to enter a date. |
|   | Date |
| Click here to enter text. | Click here to enter text. |
| Employee Name (Last, first, middle initial) | Network ID |
| Click here to enter text. |
| Employee Title |
| Click here to enter text. | Click here to enter text. |
| Primary phone number  | Email address |

**Part 2: SYSTEM ACCESS**

*Please indicate for which applications, shares and environments you are requesting access. If role-based access exists, please identify the role requested.*

|  |  |
| --- | --- |
| **Application** | **Role** *(if applicable)* |
| [ ]  Dropbox  |  |
| [ ]  SAS (Statistical Analysis System) |  |
| [ ]  RD Web (Remote Desktop Web Access)  |  |
| [ ]  Other  |  |
|

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| Click here to enter text. |

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| **Share Drive Access**  | **Network Path** *(e.g.*\\servername\sharename$\foldername) |
| [ ]  Enter Share Name | Click here to enter text. |
| [ ]  Enter Share Name | Click here to enter text. |
| [ ]  Enter Share Name | Click here to enter text. |
| [ ]  Other  |  |
|

|  |
| --- |
| Enter Share Name |

 |
|  |
|  |
| **Environment** | **Role/Group** *(if applicable)* |
| [ ]  rSTAT  |  |
| [ ]  Other  |  |
|

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| --- |
| Click here to enter text. |

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1. Is the identified access and level of access required for this employee to carry out his or her job duties, functions, and responsibilities?  [ ] Yes [ ]  No
2. Have you made reasonable efforts to limit access to what is needed?  [ ] Yes [ ]  No
3. Reason for access request or change: Click here to enter text.
4. Comments (if any): Click here to enter text.

**Part 3: APPROVAL**

User’s Supervisor: By signing this form, I approve the access request change and certify that this user requires access to be added or changed (as indicated in this form) to perform his/her job duties.

Electronic Signature: \* Date: Click here to enter text.

 First and Last Name

 \*I understand that checking this box constitutes a legal signature.

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Please attach this form to the Help Desk ticket.