

ACCESS TRANSFERRED REQUEST FORM

To be completed by Dean/Department Head/Director
When an employee moves to a new department

Old Department Information		
Name	CWID	Date
Department:		
Job Title	Telephone	
<p>Dean/Department Head/Director authorizing this request: _____</p> <p style="text-align: right; margin-right: 50px;"><i>Please Print</i></p> <p style="text-align: center; color: red;">**** Please remove all access this employee has under my department. ****</p> <p>Signature of Dean / Department Head / Director: _____</p> <p>Date of Deactivation: _____</p>		

New Department Information	
NOTE: Employee must complete and attach new security request forms for their new department area.	
Department:	Job Title:
Department Head:	Telephone:
Employees Email:	Telephone:
Date New Job Begin:	

IT Use			
Form filed for audit purposes			
<p style="text-align: center;">Please check and date items that have been disabled</p> <table style="width: 100%;"> <tr> <td style="width: 30%; vertical-align: top;"> <input type="checkbox"/> Database Access <input type="checkbox"/> Banner Access <input type="checkbox"/> Network Access </td> <td style="vertical-align: top;"> Date Disabled: _____ Date Disabled: _____ Date Disabled: _____ </td> </tr> </table>		<input type="checkbox"/> Database Access <input type="checkbox"/> Banner Access <input type="checkbox"/> Network Access	Date Disabled: _____ Date Disabled: _____ Date Disabled: _____
<input type="checkbox"/> Database Access <input type="checkbox"/> Banner Access <input type="checkbox"/> Network Access	Date Disabled: _____ Date Disabled: _____ Date Disabled: _____		
Notes and Comments			

ACCESS TRANSFERRED/DELETED CHECKLIST

To be completed by IT Personnel

Name:		Date:
CWID:	Department:	
<input type="checkbox"/> Employee no longer works at ULM <input type="checkbox"/> Employee has moved to a new job at ULM		

Please check and sign off on access you have verified and removed**EMAIL**
☐ Deleted email access
 ☐ No email access found

Signature of Email Administrator: _____ Date: _____

BANNER (INB and or Self Service)
☐ Banner PROD Access
 ☐ Banner PPRD Access
 ☐ Banner Test Access

Signature of Banner Security Administrator: _____ Date: _____

NETWORK

Access	Form Fusion:	<input type="checkbox"/> Student	<input type="checkbox"/> Finance	<input type="checkbox"/> Financial Aid	<input type="checkbox"/> HR	<input type="checkbox"/> No Access
Access	to Intelcheck		<input type="checkbox"/> Finance			<input type="checkbox"/> No Access

Access to AppWorx (build and/or execute)

<input type="checkbox"/> FINANCE-Finance	<input type="checkbox"/> PAYROLL-Payroll	<input type="checkbox"/> HR-Human Resources
<input type="checkbox"/> STENROL-St Enrollment MGT	<input type="checkbox"/> STHOU-Student Housing	<input type="checkbox"/> SAR-Student AR
<input type="checkbox"/> STREG-Student Registrar	<input type="checkbox"/> No AppWorx access found for this person	

Access to ARGOS (Designer, Writer and/or Viewer)

<input type="checkbox"/> FINANCE-Finance	<input type="checkbox"/> PAYROLL-Payroll	<input type="checkbox"/> HR-Human Resources
<input type="checkbox"/> STENROL-St Enrollment MGT	<input type="checkbox"/> STHOU-Student Housing	<input type="checkbox"/> SAR-Student AR
<input type="checkbox"/> STREG-Student Registrar	<input type="checkbox"/> No ARGOS access found for this person	

 Access BANFILES: ☐ Student ☐ Finance ☐ Financial Aid ☐ HR ☐ No Access
Access to Programmer/User Shares:

<input type="checkbox"/> FINANCE-Finance	<input type="checkbox"/> PAYROLL-Payroll	<input type="checkbox"/> HR-Human Resources
<input type="checkbox"/> STENROL-St Enrollment MGT	<input type="checkbox"/> STHOU-Student Housing	<input type="checkbox"/> SAR-Student AR
<input type="checkbox"/> STREG-Student Registrar	<input type="checkbox"/> No ARGOS access found for this person	
<input type="checkbox"/> No Programmer/User shares found		

Signature of Network Administrator: _____ Date: _____