

ULM ACCESS REQUEST

Please complete and return the first two pages of this document to the Information Technology: Library Room 302.

Name:		Date:	
CWID:		Department:	
Telephone:	Alternate Telephone No:	Job Title:	
Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student worker <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Temporary Worker <input type="checkbox"/> Other:			
Start Date:		End Date (if not full-time):	
Department Calendar Access: <input type="checkbox"/> Department Shared Drive Access: <input type="checkbox"/> Calendar/Shared Drive Name:			
Internet Native Banner Access (INB): <input type="checkbox"/> Requesting INB access <input type="checkbox"/> User Name For INB:			
Email Access: <input type="checkbox"/> Requesting Email Access <input type="checkbox"/> Has email access(Enter email address):			
For account name purposes, have you been a former ULM employee: <input type="checkbox"/>			
Additional forms may be required for access to the individual components within the Banner product areas. Forms can be found at https://webservices.ulm.edu/forms/officesdepartments/information-technology . Please complete all appropriate forms and include them with this document.			
SOFTWARE APPLICATIONS			
<u>Banner Specific Applications</u>			
Access Banner staging areas/User share: <input type="checkbox"/> HR <input type="checkbox"/> Student <input type="checkbox"/> Financial Aid <input type="checkbox"/> Finance <input type="checkbox"/> UCC <input type="checkbox"/> UPA			
Form Fusion: <input type="checkbox"/> PROD <input type="checkbox"/> PPRD (Internal IT staff only)			
For AppWorx/Argos Please complete "UCC AppWorx Security Request Form" or "UCC Argos Form." https://webservices.ulm.edu/forms/officesdepartments/information-technology			
By signing this form, I verify that I have read and understand the Information Technology Policy Statement on page 3 of this document.			
Applicant Signature:		Date:	
Approval Dean/Dept Head/Director:		Date:	
Information Technology Office Use Only			
Email Address:	Password:	Date:	Approvals Initials:
User Name :	Password:	Date:	Approvals Initials:

ULM ACCESS REQUEST

To be completed by Requestor and signed by Director
(Page 2 of 3)

Name of Requestor:		Date:
<p>Please check the box for each data folder you are requesting access to</p> <p><input type="checkbox"/> Finance I approve this requestor's access to the "finance" folder. Signature of University Controller: _____</p> <p><input type="checkbox"/> Financial Aid I approve this requestor's access to the "finaid" folder. Signature of University Financial Aid Director: _____</p> <p><input type="checkbox"/> Human Resources I approve this requestor's access to the "payroll" folder. Signature of Director of Human Resources: _____</p> <p><input type="checkbox"/> Student I approve this requestor's access to the "student" folder. Signature of University Registrar: _____</p> <p><input type="checkbox"/> Information Technology I approve this requestor's access to the "ucc" folder. Signature of Director of ULM Information Technology: _____</p> <p><input type="checkbox"/> University Planning and Analysis I approve this requestor's access to the "upa" folder. Signature of Executive Director of University Planning and Analysis: _____</p>		
IT Administrator Signature:		Date:

ULM ACCESS REQUEST
Information Technology Policy Statement
(Page 3 of 3)

1. I will use the ULM Information Technology facilities for purposes associated with my official duties or studies at the University only.
2. I will not allow other persons to use my account and acknowledge that providing other persons with access in such a manner is considered a serious violation of my obligations.
3. I understand that I have an obligation to protect University hardware, software and data. I will not attempt to gain access to accounts, data or other systems for which I have no authorization.
4. I understand the ULM Information Technology is co-owner of all files on the system and has all rights to those files.
5. I understand that any violation of these terms and conditions, abuse of equipment, breach of security or use of systems to intimidate or harass others will result in loss of privilege to use the system, and that serious offenses will result in more serious disciplinary action.
6. I have read the above statements and agree to abide by the computer use policies of the University of Louisiana at Monroe.

Pages one and two of this document should be returned to the Information Technology, University Library room 302.

See the University Access Forms section at <https://webservices.ulm.edu/forms/officesdepartments/information-technology> for additional access forms.