

# Data Warehouse Access Request Form: Payroll Change Log Data

**Part 1 Identification Information** (please print) Check one:  New ID  Change privs.  Remove privs.

Full Name (include middle initial): \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ PennCard ID Number(or SSN): \_\_\_\_\_

PennNet ID (network ID): \_\_\_\_\_ Oracle ID (for changes, deletions): \_\_\_\_\_

**As an individual whose position requires interaction with any or all of the University's administrative information systems, I may be provided with direct access to confidential and valuable data and/or use of data systems. In the interest of maintaining the integrity of these systems and of ensuring the security and proper use of University resources, I will maintain the confidentiality of my password for all systems to which I have access. I will maintain in strictest confidence the data to which I have access. Any confidential information will not be shared in any manner with others who are unauthorized to view such data. I will use my access to the University's systems for the sole purpose of conducting official business of the University. I understand that the use of these systems and their data for personal purposes is prohibited. I understand that any abuse of access to the University's systems and their data, any illegal use of copying of software, any misuse of the University's equipment may result in disciplinary action, loss of access to the University's systems, and possible sanctions consistent with the University Policy on Adherence to University Policy.**

Requestor signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>Part 2A Requested Access for:</b></p> <p><input type="checkbox"/> <b>University Payroll/Personnel change log data</b></p>	<p><b>Part 2B Access Scope:</b> Specify <i>one</i> scope of access required.</p> <p><input type="checkbox"/> University Wide</p> <p><input type="checkbox"/> School -- School Number: _____</p> <p><input type="checkbox"/> Department - Department Number: _____</p>
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**Part 2C Access Level:** Specify the *highest* level of access required.

<p><b>LEVEL/DESCRIPTION</b></p> <p><input type="checkbox"/> 1 basic employee demographics (name, home org, work phone)</p> <p><input type="checkbox"/> 3 basic job information &amp; other employee info (home address, sex, emergency contact, employment status)</p> <p><input type="checkbox"/> 5 complete job detail (incl. salary/distribution accounts) &amp; sensitive employee data (citizenship, visa, birthdate, marital status)</p>	<p><b>LEVEL/DESCRIPTION</b></p> <p><input type="checkbox"/> 7 ethnicity, handicap</p> <p><input type="checkbox"/> 9 benefits</p> <p><input type="checkbox"/> 10 direct deposit account information</p>
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**Part 3 Query tool:** Business Objects?  for Windows 95/7/8?  for NT?   
 If not Business Objects, please specify method of access: \_\_\_\_\_

**Part 4 Authorizing signatures:** *The person named above has my approval for the requested warehouse access.*

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payroll Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part 5 To be completed by Security Administrator**

ID assigned: \_\_\_\_\_ Initial password assigned: \_\_\_\_\_  
 Data Administration initials: \_\_\_\_\_

Authorizations in order. Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorization incomplete. Return to sender.  
 Date returned to Security Administrator: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Remarks: \_\_\_\_\_

Send completed forms to: **Data Administration - W.H. Access Suite 265C 3401 Walnut Street/6228** To request forms: **Call 573-6038**