

Data Warehouse Access Request Form: PAR 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: _____

PennKey: _____ 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: ____/____/____

Part 2A Requested Access for: **Payroll Audit Record (PAR)****Part 2B Access Level:**

-
- University Wide
-
-
- School -- School Number: _____
-
-
- Org Number: _____

Part 3 Type of AccessBusiness Objects Full Client? OR InfoView-only?

(If neither of the above, please specify method of access: _____)

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

Authorizing (ie., supervisor) Signature: _____ Date: ____/____/____

School/Center Sr. BA 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:**<http://www.upenn.edu/computing/da/dw/Access.html>