

# Banner Account Request Form

Revised 10/2019

IMPORTANT: Requesting supervisor should route this form through the appropriate Information Owner after completing step 1. Completed and signed request should be scanned to inforesources@pvamu.edu or sent to the Office of Information Resource Management, Harrington Science Bldg 311C. If additional pages are needed please print additional copies of the form and attach them. All additional copies must be fully signed and dated as well. INCOMPLETE or ERRONEOUS forms will be returned. This includes forms that do not have class owner signatures. Instructions on how to complete this request are provided on pages 4-6.

## Step 1. For Requestor Use

Name: _____ Title: _____ Division/Dept: _____ Phone Ext: _____ E-Mail: _____ <input type="checkbox"/> Test Needed Select Role: _____	Date: _____ <input type="checkbox"/> Create Account <input type="checkbox"/> Delete Account <input type="checkbox"/> Modify Account Same Access As: _____ Print Name: _____
Explain the access being requested. How the access will be used? How it relates to your job function?: _____ _____	

Supervisor Signature _____	Date _____
*Supervisor must complete the "Acknowledgement of Request of Appropriate Banner Access".	
Authorized By _____	Signature _____
<input type="checkbox"/> Run Need Analysis Calculation	Financial Aid Director

## Step 2. For Information Owner Use

Add	Remove	Class	Class Owner	Class Owner Signature
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Justification: \_\_\_\_\_

Unmask Fields/Data	Authorized By _____	Signature _____
Unmask SSN _____	Information Security Officer	_____
Unmask International _____	<input type="checkbox"/> Registrar	_____
SSASECT Time Conflict Override _____	<input type="checkbox"/> Registrar	_____
SZAREGS Error Override _____	<input type="checkbox"/> Registrar	_____
SFASLST Roll Grades (I Posting) _____	<input type="checkbox"/> Registrar	_____

Secured Fields/Data	Authorized By (Print Name) _____	Signature _____
Approved Test Codes _____	_____	_____
Approved Hold Codes _____	_____	_____
Enter I and IP Grades _____	<input type="checkbox"/> Registrar	_____

## Step 3. For Information Resource Management Use

Print Name: \_\_\_\_\_

Information Resources Signature \_\_\_\_\_

## Step 4. For Information Technology Services Use

Date Processed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Processor Signature \_\_\_\_\_

I Acknowledge this Access is Appropriate  
(To be filled out by the requesting supervisor)

\_\_\_\_\_  
Print Employee Name

I acknowledge that as the user's supervisor all access I am requesting is appropriate for this user and I am ultimately responsible for ensuring that access is appropriate.

I acknowledge that the access being requested is relevant to the user's job responsibilities as defined in the user's job description.

I acknowledge that I am responsible for ensuring that the user is properly trained in business processes and practices relevant to the user's responsibilities relating to the Banner system.

I understand the internal controls required in my department and acknowledge that access being requested does not conflict with internal control policies and procedures within my department and requested access does not create a conflict of interest not only within the Banner system, but also any business process or system the user may be responsible for outside of Banner.

I agree to respond timely when asked to review the user's access on a periodic basis and any unnecessary access will be properly communicated to the Office of Information Resource Management.

I acknowledge that if this user's employment status (i.e. termination, transferring departments, etc.) with this university changes it will be properly communicated to the Office of Information Resource Management.

I, \_\_\_\_\_, do hereby acknowledge that I will abide by this  
(Print Supervisor Name)  
agreement and that failure to do so may lead to University disciplinary action.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Insert Copy of TrainTraq Transcript Here  
(Must show completion of FERPA training)

# Instructions

## Step 1. For Requestor Use

<b>Name</b>	Type in the user's name. Required.
<b>Title</b>	Type in the user's official title. Required.
<b>Division/Dept</b>	Type in the user's division/department. Required.
<b>Phone Ext</b>	Type in the user's 4 digit university number. Required.
<b>E-mail</b>	Type in the user's official university email username. Required.
<b>TEST Needed</b>	Check if an account in TEST is immediately needed.
<b>Date</b>	Type in the date of the request. Required.
<b>Create Account</b>	Check if a new account is being requested. (New users will be required to take navigation training.)
<b>Delete Account</b>	Check if this is an existing account that needs to be deleted. (Accounts are automatically deleted when an individual's employment status changes. This includes termination and transferring between departments. If the account needs to be deleted prior to the official change in employment status, this form should be completed and this requested action should be noted.)
<b>Modify Account</b>	Check if this is an existing account for which access is being modified.
<b>Select Role</b>	Select the role that best fits the user's job functions, else choose "Other" and describe your role in the "Explain..." field.
<b>Same Access As</b>	Type the name in of a Banner user whose job function mirrors the user.
<b>Explain the Access Being Requested</b>	Provide details on the access being requested and how the access relates to the user's job functions.
<b>Supervisor Signature/Date</b>	Immediate supervisor signature is required. Signature date is required.
<b>Print Name</b>	Type in the supervisor's name. Required. (Note that the signing supervisor must also complete the "Acknowledgement of Request of Appropriate Banner Access" on page 2. This form must always be completed when submitting this form unless this is a request to delete an account.)
<b>Run Need Analysis Calculation</b>	FOR FINANCIAL AID STAFF ONLY - Check if access to run need analysis calculations is being requested. Financial Aid Director's signature required.

After completion, forward this request to the appropriate Information Owner. The requesting supervisor is required to work with the Information Owner to ensure that appropriate access is given.

## BANNER Security User Maintenance Form

### Banner Information Owners

	<b>Main</b>	<b>Back-Up</b>
<b>Academic [REG]</b>	Tina Montgomery	Sarina Willis
<b>Account Receivables [AR]</b>	Equilla Jackson	Rod Mireles/Martha Ewane
<b>Admissions [ADM]</b>	Hugh Durham	Lenice Brown/Sarina Willis
<b>Advancement/Alumni [ADV]</b>	Sue Sampleton	Edie Charlot
<b>Financial Aid [FAID]</b>	Charlene Ervin	Joy Thomas
<b>Institutional Research [IRE]</b>	Dean Williamson	Ginger Phillips
<b>Recruitment [RECRUIT]</b>	Mark Pearson	Sarina Willis
<b>Texas Success Initiative [TSI]</b>	John Gardner	Wylene Miles
<b>Information Resources [IRM]</b>	Michael Martinez	Dwayne Marshall

## Step 2. For Information Owner Use

Information Owner is responsible for working with the requestor to ensure that only that access which is NEEDED for the user to perform their job responsibilities is being granted.

For each row needed to complete the request complete the following. Only one class per row.

<b>Add</b>	Check if the identified class is being added to this account.
<b>Remove</b>	Check if the identified class is being removed from this account.
<b>Class</b>	Print the security class that is being added/removed. This class should be correctly spelled and must exist in Banner. (If you need to create the class use the "Banner Security Class Maintenance Form".)
<b>Class Owner</b>	Select the primary class owner from the drop-down list.
<b>Class Owner Signature</b>	Class owner signature is required for each identified class. The designated back-up for the class owner may sign in the owner's absence.
<b>Comments</b>	Provide any comments that may assist in the assignment of appropriate access.
<b><u>Unmask Fields/Data</u></b>	
<b>Unmask SSN</b>	Choose one of the following: 1) View SSN or 2) View Partial SSN. New accounts do not get access to see SSNs unless otherwise expressed on this form. This action requires that the request be forwarded to the Information Security Officer for signature.
<b>Unmask International</b>	Check if granting access to unmask International information. Registrar's signature required.
<b>SSASECT Time Conflict Override</b>	Check if granting access to SSASECT time conflict override field. Registrar's signature required.
<b>SZAREGS Error Override</b>	Check if granting access to SZAREGS error override field. Registrar's signature required.
<b>SFASLST Roll Grades Ind (I Posting)</b>	Check if granting access to the SFASLST roll grades indicator field. (This indicator is concealed from academic department power users that are given access to enter I/IP grades on SFASLST.) Registrar's signature required.
<b><u>Secured Fields/Data</u></b>	
<b>Approved Test Codes</b>	Select the test code you are granting the user the ability to use. Code owner's signature required.
<b>Approved Hold Codes</b>	Select the hold code group you are granting the user the ability to use. Code owner's signature required.
<b>Enter I and IP Grades</b>	Check if requesting access to enter in I/IP grades in SFASLST. (Roll grades indicator will be automatically concealed from the user.) Registrar's signature required.

Request should be forwarded to each Information Owner for which a signature is required. The completed request should then be forwarded to the Information Resource Supervisor, Office of Information Resource Management, Harrington Science Bldg 311C for final approval and processing.