

Banner Document Management Access Request

9/2018

IMPORTANT: An existing Banner account is required before being granted access to Banner Document Management. Requesting supervisor should route this form through the appropriate Information Owner after completing step 1. Completed and signed request should be sent to the Office of Information Resource Management, Harrington Science, Suite 311. 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. No access shall be granted to student employees. INCOMPLETE or ERRONEOUS forms will be returned. This includes forms that do not have information owner signatures.

Step 1. For Requestor Use

Name: _____ Date: _____
Title: _____ ☐ Create Account ☐ Delete Account
Division/Dept: _____ ☐ Modify Account
Phone: _____ ☐ Temporary From: _____
E-Mail: _____ Until: _____
Access/Role Requested: _____

Supervisor Signature _____ Date _____ Print Name: _____
*Supervisor must complete the "Acknowledgement of Request of Appropriate Access". Group _____

Step 2. For Information Owner Use

Action	Group & Owner	Signature
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Step 3. For Information Resource Management Use

Information Resources Supervisor Signature _____ Print Name: _____

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 User 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 Document Management 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 Document Management system, but also any business process or system the user may be responsible for outside of Banner Document Management.

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