

Laserfiche Security Access Request Form

Created 4/2013
Modified 7/2015

Important: Requesting supervisor should route this form through the Office of Information Resource Management. INCOMPLETE or ERRONEOUS forms will be returned. This includes forms that do not have all appropriate signatures. A PantherNet account is required before a Laserfiche request should be submitted. For TAMUS users, please provide your Net ID.

Instructions:

1. Supervisor must complete the top section of the form.
2. The department's Laserfiche Records Manager will sign-off on the form.
3. Send the completed form to DocumentImaging@pvamu.edu
4. Check online for the next available training date and Sign up for training.

Section 1. Employee Information

Name:		Effective Date:	
Title:		Phone Ext:	
Division/Dept:		PVAMU E-mail:	
(TAMUS Users) Net ID:			

User Account	User Role
<input type="checkbox"/> Create	<input type="checkbox"/> View
<input type="checkbox"/> Modify	<input type="checkbox"/> Scan
<input type="checkbox"/> Delete	<input type="checkbox"/> Modification/Maintenance
	<input type="checkbox"/> Departmental Records Manager

Users are setup into groups and each department has either one or several groups that their users are assigned to. If you know the name of the group, please provide it below.

If modifying the persons account, please provide information on what changes (i.e. Viewing folders outside of your department; Changing feature rights such as view, edit, move, scan)

Name of Department that you need access to: _____

Name of folder(s) that you need access to: _____

Department Head:		Signature:		Date:	
------------------	--	------------	--	-------	--

Section 2. Department Approval

The department's designated Laserfiche Records Manager will sign and date below in acknowledgement that he/she has met with the employees supervisor and determined the right level of access for the employee named in section 1.

Print

Signature

Date

Acknowledgement of the Request of Appropriate Laserfiche Access

(To be filled out by the requesting supervisor)

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.

Initials

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

Initials

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 Laserfiche system.

Initials

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 Laserfiche system, but also any business process or system the user may be responsible for outside of Laserfiche.

Initials

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.

Initials

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.

Initials

I, _____, do hereby acknowledge that I will abide by this agreement and
(Print Supervisor Name)

that failure to do so may lead to University disciplinary action.

Supervisors Signature

Date

Records Manager Signature

Date