



Data System Staff Access Request Form

(Please submit completed form to ITS at Duffie Hall 219 or forward to its@stu.ca)

User Information

Name of User: _____

Unit: _____ Position: _____

Email: _____ Phone: _____

Access Request Type	Employee Type	Data System (Select all that apply)
<input type="checkbox"/> New User <input type="checkbox"/> Change of Position or Unit <input type="checkbox"/> Add Processes <input type="checkbox"/> Remove Processes <input type="checkbox"/> Terminate Access	<input type="checkbox"/> Permanent <input type="checkbox"/> Casual/ Temporary <input type="checkbox"/> Sessional <input type="checkbox"/> Student Employee	<input type="checkbox"/> Ellucian Colleague <input type="checkbox"/> Entrinsik Informer

Details of Access

Provide Security access the same as the following position: _____
 Provide access to the screens/processes listed below
 Remove access to the screens/processes listed below
 Other (please specify): _____

Access Start Date (YR/MO/DY):		Access End Date (if known):	
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Ellucian Colleague Screens or Processes (if known)

Update Access (Change Data)	Inquiry Access (View Data Only)

Training Requirements

Has the user received training for any new screens or processes? Yes No

If "No," please indicate when the user will be trained (YR/MO/DY):

Previous access is normally terminated immediately when new access is assigned. Is a transition period required for training purposes? Yes No

If "Yes," please indicate when previous access should end (YR/MO/DY):

Approval

Name of Supervisor:	Signature:	Date: