

Instructions: Download/save this form to your computer. Use Adobe Reader to view the form and enter your information. Save the form again. To submit, email to fisaccess@case.edu.

This form is required for all users needing access to faculty data either directly from the Faculty Information System (FIS) or through other sources (e.g., the Data Lake).

It is important that users follow and understand the [Confidentiality policy](#) regarding access to confidential information outlined by Human Resources.

It is expected that users will become familiar with the [University's Acceptable Use of Computing and Information Technology Resources policy](#) and be responsible for keeping passwords secret and that they will not use anyone else's password to access faculty information.

My name below signifies that I fully understand and agree to comply with the above policies as well as the [Faculty Information System Confidentiality Agreement](#).

I have read, understand, and will comply with the above policies and agreement.

Signature

Date

Requester Information:

Name

Phone Number

Network ID

Empl ID

Department

NOTE: You are responsible for getting your supervisor's access agreement, ahead of time, to your access request. Supervisors will receive copies of access notifications and correspondence.

Supervisor Information:

Name

Phone Number

Network ID

Empl ID

NOTE: Supervisors are responsible for reporting employee transfers and terminations.

To be completed by School Faculty Affairs Officer:

I approve the access request outlined below for the above user.

Name

Signature

Date

Note: Faculty Affairs Officer will receive copies of access notifications and correspondence.

Access Request:

I am requesting access to the following be added changed deleted (please check all that apply):

 Access to view faculty record information (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Personal (demographics and DOB) | <input type="checkbox"/> Salary |
| <input type="checkbox"/> Citizenship | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Degree | <input type="checkbox"/> Change of Status |
| <input type="checkbox"/> Address | <input type="checkbox"/> Leave |
| <input type="checkbox"/> Phone | <input type="checkbox"/> External |
| <input type="checkbox"/> Email | <input type="checkbox"/> School-Specific |
| <input type="checkbox"/> Appointment | <input type="checkbox"/> History |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Annual Review |

 Access to edit faculty records (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Personal (demographics and DOB) | <input type="checkbox"/> Salary |
| <input type="checkbox"/> Citizenship | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Degree | <input type="checkbox"/> Change of Status |
| <input type="checkbox"/> Address | <input type="checkbox"/> Leave |
| <input type="checkbox"/> Phone | <input type="checkbox"/> External |
| <input type="checkbox"/> Email | <input type="checkbox"/> School-Specific |
| <input type="checkbox"/> Appointment | <input type="checkbox"/> History |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Annual Review |

 Access to generate appointment forms/contracts

 Access to generate letters

 Access to reports (salary reports will not be given unless request to view salary information is approved)

 Access to view faculty activity/annual review information

 Access to impersonate faculty to add/edit activity information

Section A – Business Reason:

Please indicate the reason the requested access is necessary for your job function.

Section B – School, Department, Division, and Location:

Please indicate the school and department(s) to which you need access. For School of Medicine employees only, please also list division(s) and location(s), if applicable.

School

Department (list all that apply)

Division (for School of Medicine only; list all that apply)

Location (for School of Medicine only; list all that apply)

Section C – Copy User Access:

If applicable, please indicate another employee who has access that is identical to that which you are requesting.

Name

Empl ID

Network ID

Are you replacing this person?

Yes No

If yes, does this person still need access? Yes No

Section D - Training:

Please indicate who will help train you on how to appropriately use the system.

Name

Additional training materials can be found at <https://case.edu/faculty-lifecycle/faculty-information-system/fis-user-support>