CASE WESTERN RESERVE UNIVERSITY

Faculty Information System Security Request Form

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

Network 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

Network ID

Department

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 <u>view</u> faculty record information (check all that apply)

☐Personal (demographics and DOB)	☐Promotion
☐Citizenship	☐Change of Status
☐Degree	☐Leave
☐Address	☐External
☐Phone	☐School-Specific
☐Email	☐History
☐Appointment	☐Annual Review
☐Administration	☐AACSB (Weatherhead only)
☐Salary	

☐ Access to <u>edit</u> faculty records (check all that apply)

☐Personal (demographics and DOB)	☐Promotion
☐Citizenship	☐Change of Status
☐Degree	☐Leave
☐Address	☐External
☐Phone	☐School-Specific
☐Email	☐History
☐Appointment	☐Annual Review
☐Administration	☐AACSB (Weatherhead only)
☐Salary	

☐ Access to add new faculty records

☐ Access to generate appointment forms/contracts

☐ Access to manage and 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

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	Are you replacing this person? ☐Yes ☐No
Network ID	If yes, does this person still need access? ☐Yes ☐No

Section D - Training:

Please indicate who will 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

Faculty Affairs Officer: To submit completed form, please email to fisaccess@case.edu. For questions regarding this form, please contact the FIS team at fisaccess@case.edu.