

Request for Administrative Mainframe LOGON ID and Related Services

Logon ID P _____

PART 1 IDENTIFICATION INFORMATION Check one: New Change/Add Suspend Delete

Name: _____ Title: _____
(Please print)

PennCard ID #: _____ Telephone Number: _____

Department: _____ E-mail address: _____

Intramural Address: _____ Mail Code: _____

As an individual whose position requires interaction with any or all of the University's administrative information systems, I may be provided with direct access to confidential and valuable data and/or use of data/voice systems. In the interest of maintaining the integrity of these systems and of ensuring the security and proper use of University resources, I will maintain the confidentiality of my password for all systems to which I have access. I will maintain in strictest confidence the data to which I have access. Any confidential information will not be shared in any manner with others who are unauthorized to view such data. I will use my access to the University's systems for the sole purpose of conducting official business of the University. I understand that the use of these systems and their data for personal purposes is prohibited. I understand that any abuse of access to the University's systems and their data, any illegal use or copying of software, any misuse of the University's equipment may result in disciplinary action, loss of access to the University's systems, and possible sanctions consistent with the University Policy on Adherence to University Policy.

Signature of Requester: _____ Date: ____/____/____

PART 2 STUDENT & MISCELLANEOUS APPLICATIONS

- | | |
|---|---|
| <input type="checkbox"/> SAM (incl. CSN)* | <input type="checkbox"/> SFSEASI (incl. CSN)* |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

*Authorization required from Student Financial Services

SFS Access Approver:

Signature: _____ Date: _____

PART 3 SRS - STUDENT RECORD SYSTEM

- SRS - SRS Security Request Form must be completed before access to SRS will be granted. Please complete and forward the form to the Office of the University Registrar, 150 FB/6291

SRS Security Request Form can be printed from the URL below:

<http://www.upenn.edu/registrar/staff-resources/srs-request.html>

PART 4 END-USER REPORTING ACCESS

- TSO/ISPF FOCUS* NATURAL*

PART 5 ORGANIZATIONAL APPROVAL

Cost Center Number: _____**

** (New requests must have the 5 digit Cost Center number for Data Center billing and Business Administrator's signature)

Business Administrator:* _____ Signature: _____
(please print)

Email address: _____ Phone: _____ Date: _____

Access Administrator: _____ Signature: _____
(please print)

PART 6 TO BE COMPLETED BY ISC/SEO SECURITY ADMINISTRATOR

- Authorizations in order. Date received
 Authorizations incomplete. Return to sender/Date returned

OPID _ _ _ _

SEND COMPLETED FORMS TO:

IT Security Administrator
ISC - Technology Services
Suite 265B
3401 Walnut Street/6228

FOR PAYROLL/PERSONNEL SYSTEM ACCESS, PLEASE COMPLETE SIDE 2

PART 7 PAYROLL/PERSONNEL SYSTEM ACCESS

Access levels (if School/Center access is needed, list CNAC, otherwise list only ORG(s))

CNAC _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____ <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____ <input type="checkbox"/> Add <input type="checkbox"/> Remove
ORGS _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____ <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____ <input type="checkbox"/> Add <input type="checkbox"/> Remove
_____ <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____ <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____ <input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____ <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____ <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____ <input type="checkbox"/> Add <input type="checkbox"/> Remove
_____ <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____ <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____ <input type="checkbox"/> Add <input type="checkbox"/> Remove

Please check the box for each application you need to access

- GENERAL PENNWORKS AND PAYROLL ACCESS**
Please check the box for each function that applies.
* Update implies Inquiry.

FUNCTION(S)	TRAN CODE	INQUIRY		UPDATE	
Bio	-	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Role	-	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Distribution	-	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Faculty Compensation	-	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Recent Job History	15	<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
Time (Hours) Balances	25	<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
Gross Dollar Balances	26	<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
Additional Pay Program					
Additional Pay Submitter	-	--	--	<input type="checkbox"/> Add	<input type="checkbox"/> Remove

- ON-LINE TIME REPORTING ACCESS**

Functions: **YES** **No**
 Weekly To view and update all weekly paid employees.
 Monthly* To view and update all monthly Late Pay and Reduction in Pay transactions.

(Monthly transactions are held for processing until approval is granted via ApprovalScreen.)

Approvals* To view and approve all monthly Late Pay transactions.

** Note: The individual selected to approve monthly late pay transactions should not be the same individual selected to process these transactions.*

- SALARY MANAGEMENT AND REALLOCATIONS ACCESS**

Network Printer ID: _____ (required for printing reports)

APPROVING SIGNATURES (Requests will be returned if approving signatures have not been obtained)

Access Administrator: _____ Date: _____

Financial Trainer: _____ Training Dates: _____

Payroll: _____ Date: _____

Human Resources: _____ Date: _____

SEND COMPLETED FORMS (INCLUDING ALL SIGNATURES) TO: IT Security Administrator (address on page 1)