REQUEST FOR AIS DATABASE ACCESS

SOUTHERN ILLINOIS UNIVERSITY

General Informatio Complete all fields.	n (Section 1)						
Name of Employee:	Last Name	First Name		Middle Initial	Employee Number	Email Add	lress
Campus	Unit/Department						Campus Phone Mailcode
Access Request In Complete all fields.	formation (Section 2)						·
Access Reques	st: (check only one)						
○ New U	Jser Access						
◯ Chan	ge User Access						
Revo	ke User Access						
AIS Data	base User ID (required for chang	ge or revoke):					
Special Access	s:						
Campus 1	Гесhnical Staff						
Reason:							
Access Responsib	ilities/Roles (Section 3)						
Departmental Acce	ess Roles						
. 6. 665 6	se Only: Specific roles to be def	Request <u>Access</u>	Revoke	Reason			
1. SIUFII	N_ROLE_ALL						
2. SIUFII	N_UNRES_ALL						
3. SIUHF	R_ROLE_CUSTOM						
4. SIUHF	R_ROLE_PAY						
5. SIUHF	R_ROLE_PER						
6. SIUHF	R_ROLE_SP						
7. SIUHF	R_ROLE_SPBRPT						
8. SIUPA	AY_ROLE						
9. SIUPE	ER_PAY_PROPOSAL						
	PER_ROLE						
11. SIUP	PER_ROLE_BENEFIT						
	PER_ROLE_IDM						
	PER_ROLE_SSN						
	PAY_ROLE_BANK						
	PAY ROLE USER TABLES						

REQUEST FOR AIS DATABASE ACCESS

SOUTHERN ILLINOIS UNIVERSITY

e of Employee: La	st Name	First Name	Middle Initial Employee Number Email Address
inistrative Informa	ition System Acce	ess Agreements (Section 4)	
poverned by Illinois shat no attempt will be hat my SIU AIS acconformation, I underschare them or otherw	Statues and the poor be made by me to a counts will be used stand that protecting wise permit access	licies and regulations of Southe access any data or system mod only for authorized SIU busines g the integrity and confidentialit to this system by another indiv	of the SIU Administrative Information System, including the Reporting System, is the sern Illinois University. I hereby agree to abide by those provisions. Specifically, I addules other than those I have written authorization to access. Further, I understand that personal computing is prohibited. As this system contains privileged ity of my system logon account and password are my responsibility. I agree not to vidual using my account. I understand that violation of this agreement will result in lonary action or financial liability.
	Required Signa	ture:	
	User Req	uesting Access	Date
nformation. It is the	responsibility of th Southern Illinois Uni	e undersigned managers to ap	ng agents acknowledge that this employee will have access to privileged and contripprove access for individuals only when necessary for the individual to perform her/hagers are responsible for monitoring the employee's use of this access and to repo
Require	d Signatures:		
UNIT OF	FICER (Employee's	Department)	
Name:			Telephone Number:
Signature	e:		Date:
FINANCI	IAL DATA ACCES	S APPROVER (For Financial Ro	oles)
Name:			Telephone Number:
Signature	e:		Date:
HUMAN	RESOURCES/PE	RSONNEL DATA ACCESS AP	PPROVER (For Human Resources/Personnel Roles)
Name:			Telephone Number:
Signature	e:		Date:
PAYROL	L/CUSTOM DATA	ACCESS APPROVER (For Pa	ayroll/Student Payroll Roles)
Name:			Telephone Number:
Signature	e:		Date:
DENIED:			
Reason / Commen			
Signature	e:		Date:
AIS USE	ONLY: Access set	tup by:	Date:
	Data Hear	Contacted:	Linkson (