## University of Wisconsin-Whitewater Information Systems Access Request

Supervisor: After completing the form, send the original to the **TSC** Helpdesk, Andersen 2000 (keep a copy for your records). Note: Compliance forms are on file with Human Resources, and are not maintained by ICIT.

The supervisor or employee may be contacted for further information. **Please allow 2 weeks for the authorization process to be completed.** During this time, it is recommended that employees attend training. Information regarding training classes and registration can be found at: <u>https://my.uww.edu/SignUp/Home</u>

## Note: Net-IDs, H and G Drives, and Email accounts are all created automatically.

## Must be completed by Employee's Supervisor:

Employee's Information:			
First:	_ Middle Initial:	Last:	
UW-W ID (7-Digit ID #):			
Net-ID:			
Office (Bldg./Rm):			
Employee's Working Title:			
Start Date:			
The employee is: (check all that apply):   Staff New   Return	ing POI	Student Employee	Grad Assistant
Other (please specify):			
	<b>f</b> - 11 <b>i</b> 1		

Equipment & IT Employee Access – Please follow the below web links to submit tickets.

- <u>VoIP Phone</u> Request new phone line/transfer an existing phone to a new user.
- <u>Repurpose Computer to User</u> Request distribution of departmental inventory.
- Shared (T:) Network Drive/Folder Access
- Departmental Email Access Permissions
- <u>VoIP Phone Billing</u> Access to view VoIP billing system.

Please submit requests for administrative systems that the employee will need access to. If the employee is not new to campus, then please do not submit requests for those services that the employee already has access to unless the access is to be modified.

Please check the administrative systems that the employee will need access to:

System	Access	Describe the type of access needed for <u>EACH</u> requested administrative system, or relevant org codes
WINS – Financial Aid		
WINS – Student Financials		
WINS – Registrars (Student Records)		
WINS – Admissions		
WISER		

If the employee has duties/tasks similar to those of a current or former employee, please identify that employee (name & 7-Digit ID #):

Authorization: I hereby authorize Supervisor Name (print):		gnature and Date:	
Campus Email:	Department:	Phone:	
Please contac	the TSC Helpdesk for other inqui	res and access not found on this	

Please contact the TSC Helpdesk for other inquires and access not found on this form. Scanned and signed forms can be emailed, or physical copies can be sent to the Helpdesk to Andersen Library rm 2000