W&M Banner Request for Access

FAX completed form to 757-221-7560, or send by campus mail to: Nancy Pavelich, IT, Hugh Jones Hall, Room 312

Section 1 – User Information

Employee (User) Last Name | First | MI | WMuserid (e.g. JTSTEVENS) | Date

Employee (User) Position and Title | Department

Type of Access ☐ New Access (if New Access - must also complete Confidentiality Agreement) ☐ Revised Access

Employee Status ☐ Staff ☐ Faculty ☐ Grad Student ☐ Undergrad Student ☐ Temp Agency ☐ Other _____

Type of Position ☐ Permanent ☐ Part-Time/Hourly ☐ Temp (if Temp or Student, please provideTermination Date) _____

******** *Note: Student INB access will only be allowed Monday thru Friday 8:00 am to 5:00 pm* ********

Section 2 – Authorization – IT must be notified of access changes

Authorization by Employee's Department Head is required. If access is to grant budgets only, the Office of Grants & Research Administration (W&M) or the Office of Sponsored Programs (VIMS) may provide authorization. A signature below certifies that access is required for job duties, and that IT Dept will be notified if these duties change and access is no longer required.

Signature of Dean, Department Head, Chair or Grants Representative | Print Name | Phone

Section 3 – Type of Access Requested

If access duplicates another user's access, please provide WM userid (W&M email) or name_____

Please provide justification for access below: Dept contact Name & Phone (if questions about this request) _____

Please check Modules to be accessed and type of use.

Module	Type of Use	Comments
☐ Student	☐ Academic Support ☐ Administrative Office Staff ☐ Other (describe in Comments box)	
☐ Finance	☐ Department Budget Responsibility ☐ Grant Principal Investigator ☐ Financial Operations Staff ☐ Other (describe in Comments box)	(Please list requested accounts & indexes if user ID not available to copy.)
☐ HR	☐ HR or Payroll Office Staff ☐ Dept Business Manager ☐ Other (describe in Comments box)	
☐ Access to SSN (INB only)	Please state why SSN Access is needed.	
☐ Reporting	Please specify system(s) ☐ ODS ☐ PROD Specify Module(s) ☐ Student ☐ Finance ☐ HR	

Office Use Only ❍ Navigation ❍ U Drive ❍ Discoverer ❍ CA Date Received _____Date Completed _____

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