MARICOPA ENTERPRISE APPLICATION SECURITY REQUEST

Purpose: to assign, change, or delete individual CFS, HRMS, or SIS access required to perform specific job functions.

Instructions:

Supervisor:	Complete MARICOPA ENTERPRISE APPLICATION SECURITY REQUEST form and submit as attachment to a Help Desk Ticket (HDT). *Note: Supervisor is accountable and acknowledges that the access requested is necessary / required for stated employee to perform job functions.*
Employee:	CFS Access – Employees must complete and submit the CFS ETHICS AND CONFIDENTIALITY AFFIRMATION (http://www.maricopa.edu/its/CFS%20ETHICS%20AND%20CONFIDENTIALITY%20AFFIRMATION.pdf). HRMS Access – Employees must complete and submit the ETHICS AND CONFIDENTIALITY AFFIRMATION (http://www.maricopa.edu/its/bfs/docs/HRMS_Access_Ethics_and_Confidentiality_Affirmation.pdf). SIS Access – Employees must complete FERPA Tutorial (https://ecourses.maricopa.edu/webapps/login/)
College/DO Security Administrator:	CFS and HRMS Security Administrator: Must confirm ETHICS AND CONFIDENTIALITY AFFIRMATION completion. SIS Security Administrator: Must confirm FERPA completion.

College/Business Unit:

Name/ Phone # (Supervisor requesting access): _____

Security Requested for (Employee Name): _____ Employee Enterprise ID (MEID): _____

HRMS Emplid:_____ SIS Emplid:_____

Employee Job Title: _____ Employment Start/Change Date: _____

Regular Board Approved ☐ Temporary Employee ☐ Student Worker ☐ Other ☐ Expected End Date: _____

Note: Access will be assigned based on job title, job role, and/or representative duties.
List Access requested *(Briefly list job duties or job role if unsure)*:

List the data that is essential to accomplish the tasks performed by the Employee*: (i.e. create job requisitions, add new employee records, view work location, correct student program/plan, view student address, etc.)*

View entire SSN and DOB required: Yes ☐ No ☐

Office Use Only
Set-up Completed: _ If no, list reason: _____ Help Desk Ticket #: _____
Request Completion Date: _____ User Notified (name and date): _____
Security Administrator Approval: _____
CFS: ETHICS AND CONFIDENTIALITY AFFIRMATION Completion date: _____HRMS: ETHICS AND CONFIDENTIALITY AFFIRMATION completion date: _____
SIS: FERPA completion date: _____
Access Assigned: _____