

University Of Pennsylvania
ERS Access Request Form

PART 1 IDENTIFICATION INFORMATION (To be completed by requestor)

Check one: ☐New Access ☐Change Role/ORG ☐Add ORG(s) ☐Delete

Name: _____ **Title:** _____
(Please print)

PennCard ID #: _____ **PennKey:** _____

Department Name: _____ **E-mail Address:** _____

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 Requestor: _____ **Date:** ____/____/____

PART 2 ERS System ACCESS (To be completed by requestor)

ORG Requested (A) (enter range if needed)	ERS Access Requested (check appropriate box)	Access Begin Date	Access End Date <i>Leave blank for non-expiring</i>
	<input type="checkbox"/> Departmental Coordinator <input type="checkbox"/> Pre Reviewer <input type="checkbox"/> Sub Dept Coordinator <input type="checkbox"/> Pre Post Reviewer <input type="checkbox"/> Division Head		
	<input type="checkbox"/> Departmental Coordinator <input type="checkbox"/> Pre Reviewer <input type="checkbox"/> Sub Dept Coordinator <input type="checkbox"/> Pre Post Reviewer <input type="checkbox"/> Division Head		
	<input type="checkbox"/> Departmental Coordinator <input type="checkbox"/> Pre Reviewer <input type="checkbox"/> Sub Dept Coordinator <input type="checkbox"/> Pre Post Reviewer <input type="checkbox"/> Division Head		

- (A) Payroll Reallocations Access Required for Requested ORG(s)

PART 2 ORGANIZATIONAL APPROVAL (To be completed by Home ORG BA of Employee)

A) Business Administrator / Supervisor of Employee: _____
(Please print)

Signature: _____ **Date:** _____

Email address: _____ **Campus Phone:** _____

B) School/Center Approval: _____ **Date:** _____

- Requests will be returned if approving signatures have not been obtained

PART 4 TO BE COMPLETED BY ERS SECURITY ADMINISTRATOR

- ☐ Authorizations in order. Payroll Reallocations access verified. Date received Account Security Administrator _____.
- ☐ Authorizations incomplete. Return to sender/Date returned _____.

SEND COMPLETED FORMS TO: ERS Administrator, ers_help@isc.upenn.edu