



Colleague Security Request Form

Employee's Legal Name: _____

Title: _____

(Place an X next to the desired database)

Colleague Access: _____ Test Account _____ Production Account

Databases needed: _____ HR _____ ST _____ CF

Informer? (Y/N): _____ Roles? _____ ST Planning _____ ST Finance

Communications Management? (Y/N): _____

Please list security classes needed

1	UT.LO
2	
3	
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If there are special access needs that are not addressed above please specify below:

Empty rectangular box for special access needs.

Supervisor Signature: _____ Date: _____

HR Data Owner Signature: _____ Date: _____

ST Data Owner Signature: _____ Date: _____

CF Data Owner Signature: _____ Date: _____

****This form must be signed by Supervisor and Data Owner before returning to Information Technology Services****