

Request for FRS Access

Complete and print the form, obtain the required signatures and fax to: 626-1243 (ATTN: FSO-ITS) – Please **NO COVER SHEETS**

Type of Request: Do you already have access to FRS?

No

Yes, FRS ID#:

Date:

SIS Access: Do you or will you have access to SIS?

Click [here](#) to apply for SIS Access, or to get more information.

No

Yes, SIS ID#:

Last Name

First Name

EMPLID

Email Address:

Phone:

Department:

Payroll Dept Number:

Supervisor's Name:

Phone:

You will be given STANDARD ACCESS. If you need additional access, explain in the comment box.

FRS Departments you need access to:

Comments:

NOTE: All signatures will be verified in accordance with UA Electronic Signature for Business Purposes policies. If your signature is not in the CatCard database, we will not be able to accept it on this form. Please contact the CatCard office at 626-9162 for information on how to update your record in the database.

Authorized Department Signature (Business Mgr, Department Head, Director, or Dean):

Print: _____

Signature: _____ Date: _____

Computer Usage and Password Statement

_____ I understand I will be granted access to the University of Arizona computer systems. The Login ID and Sign in Password that will be issued to me is my means of access to these systems. They are to be used solely in connection with performance of my authorized job functions. I will take all necessary steps to prevent anyone from gaining knowledge of my Login ID and my Sign in Password. The use of my Login ID and Sign in Password by anyone other than myself is prohibited and should be reported to my Department Project Administrator immediately.

_____ I understand the use of the financial records system and any data files relating to this system for any other purpose than University business is prohibited.

_____ I understand the use of computer and network resources to harass or intimidate or for unlawful acts is prohibited.

_____ I understand the use of university computer resources and networks is for legitimate academic or administrative purpose ONLY.

_____ I agree that I will make only appropriate use of the data to which I have access.

I have read the above statement, I understand it, and I agree to comply with its contents. Please initial next to each statement indicating that you have read and understand the requirements, and sign and date below.

Employee Signature: _____ Date: _____

Exception Request Authorization

Screen Owners

Authorization: _____ Date: _____

Data Steward Authorization: _____ Date: _____

For Financial Services Office Use Only

PSOS Verification: _____ Template: _____ Updated By: _____

Date User Notified: _____ USER ID: _____