

**WEBFOCUS REPORTING SYSTEM
SECURITY AUTHORIZATION/REQUEST FOR DELETION**

Return completed forms to Systems and Procedures, Campus Box 1110, or fax to 935-8619.

Part A. Requester Information

Name: _____ Job Title: _____

Employee ID: _____ Phone Number: _____ Box: _____

Dept Name: _____ Dept. No: _____

Part B. Reporting Access

Applicable to the WebFocus Reporting System only. Separate forms are required for online systems.

FIS Data

New Change Addition Deletion

Ledger Class		Dept Number <i>(lowest level Unit Dept only)</i>		Fund Number	
From	To	From	To	From	To

Hints for FIS Data section:

- Be specific when a range isn't applicable (example: LC 12 to 12 on one line, and LC 22 to 22 on a second line).
- Use "xx" to indicate a range of numbers (example: Dept 30xx to 39xx).
- Use "all" or an asterisk to indicate an entire range (example: Fund All to All).
- Only Dept level access can be set for FIS Data. This refers to the Unit Dept (applies to Med School only).

PersPay (HRMS) Data

New Change Addition Deletion

Dept (or) Divn	Dept (or) Divn Number		ASX Code
<i>Check Only One</i>	From	To	<i>(Optional)</i>
<input type="checkbox"/> Dept <input type="checkbox"/> Divn			
<input type="checkbox"/> Dept <input type="checkbox"/> Divn			
<input type="checkbox"/> Dept <input type="checkbox"/> Divn			
<input type="checkbox"/> Dept <input type="checkbox"/> Divn			
<input type="checkbox"/> Dept <input type="checkbox"/> Divn			
<input type="checkbox"/> Dept <input type="checkbox"/> Divn			
<input type="checkbox"/> Dept <input type="checkbox"/> Divn			
<input type="checkbox"/> Dept <input type="checkbox"/> Divn			
<input type="checkbox"/> Dept <input type="checkbox"/> Divn			

Hints for PersPay (HRMS) Data section:

- If Dept checked instead of Divn, use the Unit Dept number (applies to Med School only).
- Use "xx" to indicate a range of numbers (example: Dept 30xx to 39xx).
- If limiting access by ASX code is desired: Use "A" for acadmic, "S" for staff, "X" for other.

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EMPLID _____

Other Types of Data

New Change Addition Deletion

Dept (or) Divn <i>Check Only One</i>	Dept (or) Divn Number		Type(s) of Data <i>Check Any or All</i>
	From	To	
<input type="checkbox"/> Dept <input type="checkbox"/> Divn			<input type="checkbox"/> Assets <input type="checkbox"/> Space <input type="checkbox"/> Grants Budgeting (RAS)
<input type="checkbox"/> Dept <input type="checkbox"/> Divn			<input type="checkbox"/> Assets <input type="checkbox"/> Space <input type="checkbox"/> Grants Budgeting (RAS)
<input type="checkbox"/> Dept <input type="checkbox"/> Divn			<input type="checkbox"/> Assets <input type="checkbox"/> Space <input type="checkbox"/> Grants Budgeting (RAS)
<input type="checkbox"/> Dept <input type="checkbox"/> Divn			<input type="checkbox"/> Assets <input type="checkbox"/> Space <input type="checkbox"/> Grants Budgeting (RAS)
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<input type="checkbox"/> Dept <input type="checkbox"/> Divn			<input type="checkbox"/> Assets <input type="checkbox"/> Space <input type="checkbox"/> Grants Budgeting (RAS)
<input type="checkbox"/> Dept <input type="checkbox"/> Divn			<input type="checkbox"/> Assets <input type="checkbox"/> Space <input type="checkbox"/> Grants Budgeting (RAS)
<input type="checkbox"/> Dept <input type="checkbox"/> Divn			<input type="checkbox"/> Assets <input type="checkbox"/> Space <input type="checkbox"/> Grants Budgeting (RAS)

Other WebFOCUS Menus or Functions Requested (ex: Department-specific menus)

Part C. Department Approval

I certify that the above named individual requires the specified access to the requested system as stated on this Security Authorization form, and that such access is appropriate in the conduct of their job responsibilities.

Dept Head Signature _____ Date _____

Human Resources Rep Signature _____ Date _____
(Required when requesting PersPay (HRMS) access)

Vice Chancellor for HR Signature _____ Date _____
(Required when requesting PersPay (HRMS) access for all Washington University departments)

Security Officer
Systems&Procedures _____ Date _____

Note to Requester: Upon receipt of approved form, you will receive a user ID and password, along with instructions for logging onto the system. Please contact the Reporting Help Desk at 935-7979 with questions about this form.

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EMPLID _____

Part D. Requester Security and Privacy Statement

I certify that my position at Washington University requires access to the requested system as stated on this Security Authorization form. I acknowledge that my access is strictly for business use and any non-business use may be subject to disciplinary action. I further acknowledge that I have read and will comply with the following University policies:

- Information Security Policy, located at <http://www.wustl.edu/policies/infosecurity.html>,
- Computer Use Policy, located at <http://www.wustl.edu/policies/compolcy.html>,
- Guide to Legal and Ethical Use of Software, located at http://www.wustl.edu/policies/use_sw.html,
- Student Records Policy, located at <http://aisweb.wustl.edu/registrar/ferpa.nsf/pages/ferpa>.

To ensure the privacy and security of University data, I will:

- Access, distribute and share all University data only as needed to conduct campus business as required by my job.
- Respect the confidentiality and privacy of individuals whose data I access.
- Observe any ethical restrictions that apply to data to which I have access.
- Immediately report to my supervisor any and all security breaches.
- Comply with all department and campus IT and business process security policies and procedures, including proper and timely destruction of documents and/or files containing sensitive data.
- Protect and secure data on portable devices; e.g., laptops, thumb drives, CDs.
- Change my password on a periodic basis, as required.
- Contact the appropriate personnel to have my access revoked upon transfer to another department within the University or termination of my employment with the University.

I will not:

- Discuss verbally or distribute in electronic or printed form University data except as needed to conduct University business as required by my position.
- Knowingly falsely identify myself.
- Gain or attempt to gain unauthorized access to University data or computing systems.
- Share my user ID(s) and password(s) with anyone nor use anyone else's user ID(s) or password(s) without departmental review.
- Leave my workstation unattended or unsecured while logged-in to critical functions or sensitive information.
- Use or allow other persons to use University data or software for personal gain.
- Make unauthorized copies of University data or software.
- Engage in any activity that could compromise the security or confidentiality of University information services.
- Place data or programs on University computers which are not required for my job function. All data and programs must be ones for which the University has the right for use by law or license.

I have read and agree to comply with the terms and conditions stated above. I further understand that a breach of this agreement may be grounds for immediate dismissal and may also result in referral for civil or criminal legal action. Should my affiliation with the University change or terminate, these prohibitions remain in effect.

Requester Signature _____ Date _____

If you have questions about any of these terms and conditions, contact your school, department, or unit system manager, or call Systems and Procedures at 314-935-5707.

Please retain a copy for your departmental records.