

ORACLE ACCOUNT REQUEST

(DBA Use Only) Account Name: _____

Applicant Information: Complete items 1-9 below. PLEASE PRINT CLEARLY.

1. Name: _____ UM ID# _____
Last Name (Print) First Name Middle Name (Provide your UM ID#, not your SSN.)

2. Department: _____ Job Title: _____

3. Campus: UMW Email: _____ Phone: 683- _____

4. Status (check one): Staff Faculty Administrator Student Other: _____

5. This is a request to: Create a new account
 Modify an existing account (provide account name): _____
 Termination of account (provide account name): _____

6. Access requested: UMDW (UM Finance/Payroll Data Warehouse)

7. I will not share my password with supervisors, subordinates, or co-workers. Sharing of an account will cause access to be revoked. If I suspect the password has been compromised, I will notify IT and change it immediately.

8. I UNDERSTAND THAT, ANY USE OF PAYROLL OR FINANCIAL INFORMATION FOR NON-UNIVERSITY OF MONTANA WORK PURPOSES IS STRICTLY PROHIBITED AND MAY BE SUBJECT TO SEVERE DISCIPLINARY ACTION.

APPLICANT SIGNATURE: _____ Date: _____

8. AUTHORIZATION (Must be completed by your supervisor):

As departmental representative, I approve the access requested by the above employee. If the user of the above computing account leaves this department, I will notify the IT Department so that the account may be terminated. I will also notify the IT Department in the event that the account password has been compromised or I learn that the password has been knowingly shared, and the account will be terminated.

Signature of Supervisor Printed Name Phone Date

9. Route REPORT requests to LA 041, Attn: DBAs. For UMDW requests, route form to Finance Systems Coordinator, LOM 236.

(DBA USE ONLY)

Oracle Roles:

| |
|----|
| 1) |
| 2) |
| 3) |

IMPLEMENTED BY: _____ DATE: _____

(BUSINESS SERVICES USE ONLY)

Checklist:

- FOMPROF Maintenance Completed. Date: _____
 EMAIL Notification Sent. Date: _____

FINANCE SECURITY COORDINATOR SIGNATURE: _____ DATE: _____

(MISSOULA UMDW TRAINER USE ONLY)

The following applicant has completed UMDW Fundamentals or has received training by another approved source authorized by Business Services.

TRAINER SIGNATURE: _____ DATE: _____

* **NOTE:** For system performance reasons, access will only be given to the **UMDW** databases. Default access will also be through 3rd party tools, such as MS Access. Access to the ADMN database will be on *an exception basis only* and *must* be justified by your supervisor. In addition, if you require a VMS Central Systems Account to access this ORACLE account, we will require a separate justification and application for that account. Please submit an e-mail with an explanation of the extra access needed to: dba@mso.umt.edu.