

Colleague UI Access Request



Request date:

Requested by:

Email:

This form is used to request access to the Colleague system which hosts the Loyola University **Finance, Human Resources, and Student** Modules. To request any changes to access in this system, the **SUPERVISOR** of the person in need of the access change must submit this form using the directions provided below.

INSTRUCTIONS

- (1) Requester (**SUPERVISOR**): Complete Section 1 of this form and email it to Colleague Security Administrator at support@loyno.edu. ****FORM MUST BE SIGNED BY SUPERVISOR****
- (2) Security Administrators send form to appropriate DataCustodians
- (3) Data Custodians(s): Review form and complete Section 2A, 2B, 2C, and 2D as appropriate. If needed, confer with other data custodians or security administrators. Return form to Security Administrators.
- (4) If request is not approved, return to supervisor of person with appropriate notes in Section 2.
- (5) Please list all Colleague tasks this employee will perform (e.g. Registration, Faculty Information, etc.) List any specific screens needed, if known. (e.g. RGN Registration, FCTY Faculty, etc.)

Questions? Contact Security Administrator(s) Email: Robert Watrous rbwatrou@loyno.edu / Jessica Cao jkcao@loyno.edu

SECTION 1

Type of request

Account information

- | | |
|--|---|
| <input type="checkbox"/> Create a new user | <input type="checkbox"/> Disable user |
| <input type="checkbox"/> Replace existing user(s) /Change user | <input type="checkbox"/> View SSN/DOB/Addr |
| <input type="checkbox"/> Update Demographic (NAE/BIO) | <input type="checkbox"/> Access to Print Checks |
| | <input type="checkbox"/> SFAV access |

Requesting for (Full Name)	
Colleague ID Number	
Position Title	
Email Address	
Telephone Number	
College or Division/ Department/	
Student Employee? (Y/N)	
Temporary Employee? (Y/N)	
Office Code (see listing below)	

Office Codes: AC - Academic affairs AD - Admissions AM - Financial Affairs BU - Bursar ECSI - ECSI Interface FA - Financial Aid FS - Student Financial Services HR - Human Resources IT - Info Technology PH - Public Health PR - Procurement RG - Student Records SA - Student Affairs SC - Student Conduct SF - Student Finance SS - Student Success UA - Univ Advancement NU - Nursing LB - Library IE - International Education CN - Counseling

Privacy Flags on SVM

- | | | |
|---|--|---|
| <input type="checkbox"/> U - Duplicate Record | <input type="checkbox"/> D - Do not put in Directory | <input type="checkbox"/> A - Do Not Release Address |
| <input type="checkbox"/> P - Do not Release Phone Num | <input type="checkbox"/> G - Parent Restrict DNR | <input type="checkbox"/> E - Secure Everything |

Form must be signed by supervisor of person or sent from supervisor's Loyola email.

Signature of supervisor _____

Date _____

<i>Date Effective (please specify if this change is not immediate. What date is the change effective for?)</i>	
<i>If replacing existing user: prior user name, ID Number and College or Division/Department</i>	
<p><i>Please describe the access this position requires and business reason this access is needed. All questions must be answered for consideration for each requested screen/module:</i></p> <ol style="list-style-type: none"> 1. <i>What roles and responsibilities of this position that requires access to the requested screen(s).</i> 2. <i>If NAE, SFAD and/or BIO access is requested:</i> <ul style="list-style-type: none"> • <i>Are there other screens/resources that can be utilized for the data?</i> • <i>Can the data be retrieved by one central position in the dept/office?</i> • <i>What is the frequency that is access would be used (daily, weekly, monthly as needed).</i> 	

SECTION 2A – FINANCE MODULE ACCESS

To be approved by Tootie Buisson buisson@loyno.edu

<i>Date:</i>	
<i>Approved? Y/N</i>	
<i>If not approved, why?</i>	
<i>If approved, classes to grant permission</i>	
<i>Same access in DEV/TEST?</i>	No
<i>Date Effective (please specify if this change is not immediate. What date is the change effective for?)</i>	

SECTION 2B – HUMAN RESOURCES

MODULE ACCESS To be approved by Rachel

Dirmann rdirmann@loyno.edu (NAE / SFAD / BIO access)

Date :	
Approved? Y/N	
If not approved, why?	
If approved, classes to grant permission	
Same access in DEV/TEST?	
Date Effective:	

SECTION 2C – STUDENT MODULE ACCESS

To be approved by Kathy Gros kgros@loyno.edu

Date:	
Approved? Y/N	
If not approved, why?	
If approved, classes to grant permission	
Same access in DEV/TEST?	
Date Effective	

SECTION 2D – CORE ACCESS

To be approved by Security Administrator

Date:	
Approved? Y/N	
If not approved, why?	
If approved, classes to grant permission	
Same access in DEV/TEST?	
Date Effective (please specify if this change is not immediate. What date is the change effective for?)	

Additional Notes:

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