UNIVERSITY *of* ST. AUGUSTINE *for* HEALTH SCIENCES

University of St. Augustine for Health Sciences
Controlled Access Request Form

Please use form only to request access to the application below. Controlled access is requested for the following user:

Status: ☐ New =   ☐ Existing User
Type: ☐ USA Employee   ☐ Contractor/Vendor   ☐ Other _____

Name: _____

Department/Company Name: _____

Title: _____

Effective Date/Hire Date: _____

Access Requested (See Special Instructions Below):

☐ Jenzabar

  ☐ Application
  ☐ Database
  ☐ Operating System (Server)

☐ MyReports

  ☐ Application
  ☐ Database
  ☐ Operating System (Server)

☐ PowerFAIDs **(Financial Aid only)**

  ☐ Application
  ☐ Database
  ☐ Operating System (Server)

☐ Active Directory (IT Personnel Only)
☐ M365 Admin (Must specify roles)
☐ Salesforce Application
☐ Sage Intacct Application
☐ Vena

☐ PeopleSoft
☐ Ariba
☐ Dayforce (This is admin lvl only, all full time employees have basic access to Dayforce)
  ☐ Finance Admin
  ☐ MS Client IT
  ☐ USAHS Administrator
  ☐ USAHS HR Admin

☐ DocuSign

☐ Workato

☐ Rackspace Access

☐ Wordpress Access(Website)

Special Instructions: (Include Access Level Role)

REQUIRED: **You must specify an existing application username from the above list to mirror after. Specify Role/Mirror and Instructions in box below:**

For IT Department Use Only

Ticket #_____

ACTIVE DIRECTORY

Role Assigned: ☐ Administrator   ☐ End User   ☐ Guest User

User Rights: ☐ Logon   ☐ Privilege

OU Group Assignment(s)_____

Duration of access: ☐Unlimited   ☐Limited/End Date_____

Request reviewed by_____

☐ Approved   ☐ Denied

Review date: _____

By signing below, I certify that I am in the user's direct supervisor. I am aware that I must notify University of St. Augustine for Health Sciences Human Resources and/or University of St. Augustine for Health Sciences Information Technology when access is no longer required for the above-named user.

(We must receive a printed and signed signature from the appropriate manager/sponsor to facilitate this request Supervisor Signature: _____

Print Supervisor Name: _____

Supervisor Title: _____

Supervisor Approval Date:

Please Scan and Email to: Support@usa.edu

Subject: CAR Form Access Request