



UNIVERSITY of ST. AUGUSTINE
for HEALTH SCIENCES

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

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

Status: New Hire Existing User

Type: USA Employee Contractor/Vendor Other _____

Name: _____

Department/Company Name: _____

Title: _____

Effective Date/Hire Date: _____

Access Requested (See Special Instructions Below):

- | | |
|--|---|
| <input type="checkbox"/> Jenzabar | <input type="checkbox"/> Dayforce (Admin Level Only- All full-time employees have basic access to Dayforce) |
| <input type="checkbox"/> Application | <input type="checkbox"/> Finance Admin |
| <input type="checkbox"/> Database | <input type="checkbox"/> MS Client IT |
| <input type="checkbox"/> MyReports | <input type="checkbox"/> USAHS Administrator |
| <input type="checkbox"/> Application | <input type="checkbox"/> USAHS HR Admin |
| <input type="checkbox"/> Database | |
| <input type="checkbox"/> PowerFAIDs (Financial Aid only) | <input type="checkbox"/> DocuSign |
| <input type="checkbox"/> Application | <input type="checkbox"/> Rackspace Access |
| <input type="checkbox"/> Database | <input type="checkbox"/> Wordpress Access (Website) |
| <input type="checkbox"/> Salesforce Application | <input type="checkbox"/> Zendesk |
| <input type="checkbox"/> PeopleSoft | <input type="checkbox"/> Agent |
| <input type="checkbox"/> Ariba | <input type="checkbox"/> Admin |
| | <input type="checkbox"/> Okta Admin (IT Personnel Only) |
| | <input type="checkbox"/> Active Directory (IT Personnel Only) |
| | <input type="checkbox"/> M365 Admin (Must specify roles) |

Special Instructions: (Include Access Level Role)

The CAR form is only for requesting access to the applications above. All other access, such as shared email, or shared network drives should be requested in its own support ticket.

REQUIRED: You must specify an existing application username from the above list to mirror after. If you selected Access that has nested levels you must specify what roles in the form above. IE Jenzabar must have Application or Database selected.

Specify Role/Mirror and Instructions in box below:

For IT Department Use Only

Ticket # _____

Access Granted to: _____

Role Assigned: _____

Active Directory Groups Assigned: _____

Duration of access: Unlimited Limited/End Date _____

Request reviewed by: _____

Approved Denied

Review date: _____

By signing below, I certify that I am 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.

(This should be signed digitally, a physical copy that is scanned is acceptable. It must be a signature from the appropriate manager/sponsor to facilitate this request.)

Supervisor Signature: _____

Print Supervisor Name: _____

Supervisor Title: _____

Supervisor Approval Date: _____

Please sign digitally or if needed scan and email to: **Support@usa.edu**

Subject: CAR Form Access Request