



USER INFORMATION

DEPARTMENT: \_\_\_\_\_ EMPLOYEE POSITION IS:  NON-BENEFITED  BENEFITED

NAME: \_\_\_\_\_ DU ID#: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ USERNAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

Please answer the questions below:

- 1. Do you need reset passcodes?
2. Do you need to view/update Event Management?
3. Do you need to view Cognos Reports? Please indicate which reports you need to view in the "Additional Information" section below.

Additional information:

Three horizontal lines for providing additional information.

Form Prepared By: \_\_\_\_\_ Preparer's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

APPROVING SIGNATURES

Comments:

Appropriate Security Classes:

1. Department Manager Date 2. Division Head/Budget Officer Date
3. Banner General Signatory Date 4. UTS Enterprise Application Services Date

After obtaining all required signatures, please submit this form to UTS - Enterprise Application Services for processing.