

INFORMATION + TECHNOLOGY SERVICES (ITS)

REQUEST FOR ACCESS TO THE AMS SYSTEM

Current Date _____

Request Effective Date _____

Application Instructions																		
This form is not for ROSI access or eTokens – For ROSI, please see: http://www.sis.utoronto.ca/downloads/access.pdf To purchase e-Tokens contact your department/ division access control rep.	Please scan and email requests to: EASI Mail Box: access.easi@utoronto.ca																	
SECTION 1: APPLICANT INFORMATION AND LOCATION.																		
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> </tr> </table> <p style="text-align: center; margin-top: 5px;">AMS User ID</p>									<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> </tr> </table> <p style="text-align: center; margin-top: 5px;">UTor User ID</p>									<p>_____</p> <p>Personnel Number</p>
Name: _____ <i>Last Name (Please print)</i> <i>First Name</i> <i>Initial</i>																		
Faculty/ Division or UTSC/UTM or Fed College/U/Temp: _____ Department _____ Job Title: _____ Address: _____ Phone: _____ E-Mail Address: _____																		
SECTION 2: ACTION REQUIRED. Indicate Action Required.																		
<input type="checkbox"/> New User <input type="checkbox"/> Move <input type="checkbox"/> Delete User <input type="checkbox"/> Reactivate current access <input type="checkbox"/> Replace Lost Card <input type="checkbox"/> Return from Leave <input type="checkbox"/> I AM WORKING IN TWO DEPARTMENTS: <input type="checkbox"/> Temp – Move to New department																		
Dept 1: _____ Time % _____ Termination Date _____ Dept 2: _____ Time % _____ Termination Date _____																		
SECTION 3: ACCESS REQUESTED. Please Circle 3A OR 3B below and complete 3C.																		
3(A) Applicant is Casual - Casual Employed By – <input type="checkbox"/> U/Temp <input type="checkbox"/> Direct by department <input type="checkbox"/> External Co. <i>Internal Audit requires a termination date for all casual employees. Please provide a termination date or the date will default to the end of the current month. Access forms must be submitted for Casual applicants.</i> Start Date _____ Termination Date _____ Org Unit # _____																		
3(B) Applicant is Staff Appointed - Position Number _____ Org Unit # _____ <input type="checkbox"/> Staff Appointed Position Number has roles attached. <i>*You are not required to send in access forms if applicant's position number already has access attached via roles.</i> <input type="checkbox"/> Staff Appointed Position Number does not have roles attached. <i>Access forms must be submitted for applicants when the position number does not have roles attached and DIS requests.</i>																		
3(C) THIS SECTION MUST BE COMPLETED.																		
I have attached the following access forms: <input type="checkbox"/> <u>Divisional Forms</u> <input type="checkbox"/> <u>Central Forms</u> <input type="checkbox"/> <u>*Access Forms Not Required</u> <i>Please indicate the forms below that you have submitted with this application, if forms are required.</i> <input type="checkbox"/> FIS/B6 <input type="checkbox"/> FIS HIERARCHY <input type="checkbox"/> FIS SINGLE ROLE <input type="checkbox"/> HRIS <input type="checkbox"/> RIS <input type="checkbox"/> INTERNAL AUDIT <input type="checkbox"/> CAPITAL PROJECTS <input type="checkbox"/> DIS FORM SENT TO DUA FOR PROCESSING <input type="checkbox"/> DIS FORM ATTACHED <input type="checkbox"/> SERVICE MANAGEMENT (F&S)																		

SECTION 4: SECURID CARD REASSIGNMENT REQUEST INFORMATION. Complete A or B or C below.

You must have an e-Token or a Secur ID card to pass through the security wall before you can enter the AMS System.

Note that Secur ID cards are being replaced with the e-Token. To purchase an e-Token, contact your department access control rep or department e-Token administrator.

The e-Token initiative is managed by Mike Wiseman at Information Security. (IS Help Desk 419-978-1267). Additional e-Token information can be obtained at this site: <http://main.its.utoronto.ca/its-units/isea/etokens/>

e-Tokens.

(A) I will contact my department e-Token administrator to purchase an e-Token.

Secur ID Card Reassignment.

(B) I have a spare Secur ID card that has not yet expired and I would like it to be reassigned.

Please provide the Secur ID card Serial number and Expiry date. *Must provide card expiry date.

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(Serial # is on the back of the SecurID Card)

_____ *Card Expiry date-see back of card

_____ previous owner if known

SECTION 5: CONFIDENTIALITY STATEMENTS AND USER SIGNATURE.

I understand and agree that the information/data I have been authorized to access is considered **CONFIDENTIAL**. Under no circumstances will such information available to me be used, conveyed or discussed by me, unless required in the performance of my duties. Failure to comply with this requirement may result in denial of access and other disciplinary action.

COMPUTING SECURITY REQUIREMENTS

- Keep your password/PIN confidential.
- Never use someone else's password/PIN or UserID/SecurID Card.
- Never share your password/PIN or UserID/SecurID card with someone else.
- Do not install or use illegal copies of software on University computers.
- Do not make unauthorized copies of any data files or software.
- You should not write down your password.
- When you leave the department, your Secur ID card must be turned in to your supervisor.
- Your department is responsible for the replacement cost of lost, damaged and expired Secur ID cards.

User's Signature _____

SECTION 6: AUTHORIZATION & CONTACT PERSON.

_____ **Department Head's Name (please print)** _____ **Signature** _____ **Phone**

Department Contact Person _____ **Phone** _____

Email Address: _____ **Date** _____