

# ORACLE ACCOUNT REQUEST

(DBA Use Only) Account Name: \_\_\_\_\_

## Applicant Information: Complete items 1-9 below. PLEASE PRINT CLEARLY.

1. Name: \_\_\_\_\_ UM ID# \_\_\_\_\_  
Last Name (Print) First Name Middle Name (Provide your UM ID#, **not** your SSN.)

2. Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

3. Campus: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Status (check one):  Staff  Faculty  Administrator  Student  Other: \_\_\_\_\_

5. This is a request to:  Create a new account  
 Modify an existing account (provide account name): \_\_\_\_\_  
 Termination of account (provide account name): \_\_\_\_\_

6. Access requested:  UMDW (UM Finance/Payroll Data Warehouse)

7. I will not share my password with supervisors, subordinates, or co-workers. Sharing of an account will cause access to be revoked. If I suspect the password has been compromised, I will notify IT and change it immediately.

**8. I UNDERSTAND THAT, ANY USE OF PAYROLL OR FINANCIAL INFORMATION FOR NON-UNIVERSITY OF MONTANA WORK PURPOSES IS STRICTLY PROHIBITED AND MAY BE SUBJECT TO SEVERE DISCIPLINARY ACTION.**

APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

### 8. AUTHORIZATION (Must be completed by your supervisor):

As departmental representative, I approve the access requested by the above employee. If the user of the above computing account leaves this department, I will notify the IT Department so that the account may be terminated. I will also notify the IT Department in the event that the account password has been compromised or I learn that the password has been knowingly shared, and the account will be terminated.

\_\_\_\_\_  
Signature of Supervisor Printed Name Phone Date

9. Route REPORT requests to LA 041, Attn: DBAs. For UMDW requests, email form to: [bfinance\\_security@mso.umt.edu](mailto:bfinance_security@mso.umt.edu)

### (DBA USE ONLY)

Oracle Roles:

1)
2)
3)

IMPLEMENTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

### (BUSINESS SERVICES USE ONLY)

Checklist:

- FOMPROF Maintenance Completed. Date: \_\_\_\_\_  
 EMAIL Notification Sent. Date: \_\_\_\_\_

FINANCE SECURITY COORDINATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### (MISSOULA UMDW TRAINER USE ONLY)

The following applicant has completed UMDW Fundamentals or has received training by another approved source authorized by Business Services.

TRAINER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\* **NOTE:** For system performance reasons, access will only be given to the **UMDW** databases. Default access will also be through 3<sup>rd</sup> party tools, such as MS Access. Access to the ADMN database will be on *an exception basis only* and *must* be justified by your supervisor. In addition, if you require a VMS Central Systems Account to access this ORACLE account, we will require a separate justification and application for that account. Please submit an e-mail with an explanation of the extra access needed to: [dba@mso.umt.edu](mailto:dba@mso.umt.edu).