University Of Pennsylvania
PennERS Access Request Form

PART 1 IDENTIFICATION INFORMATION (To be completed by requestor)
Check one: ❏New ❏Change ❏Add ❏Suspend ❏Delete

Name: _____
    (Please print)

Title: _____

PennCard ID #:_____

PennKey:_____

Mainframe LOGON ID: P__ __ __ __ __ __

Campus Phone:_____- _____

Department Name: _____

E-mail Address: _____@_____

Intramural Address: _____

Mail Code: _____

As an individual whose position requires interaction with any or all of the University's administrative information systems, I may be provided with direct access to confidential and valuable data and/or use of data/voice systems. In the interest of maintaining the integrity of these systems and of ensuring the security and proper use of University resources, I will maintain the confidentiality of my password for all systems to which I have access. I will maintain in strictest confidence the data to which I have access. Any confidential information will not be shared in any manner with others who are unauthorized to view such data. I will use my access to the University's systems for the sole purpose of conducting official business of the University. I understand that the use of these systems and their data for personal purposes is prohibited. I understand that any abuse of access to the University's systems and their data, any illegal use or copying of software, any misuse of the University's equipment may result in disciplinary action, loss of access to the University's systems, and possible sanctions consistent with the University Policy on Adherence to University Policy.

Signature of Requestor:_____**Date: _____/_____/_____**

PART 2 ORGANIZATIONAL APPROVAL (To be completed by Home ORG BA of Employee)

Business Administrator of Employee: _____
                                        (Please print)

Signature: _____**Date: _____/_____/_____**

Email address: _____ @ _____**Campus Phone:** _____-_____

PART 3 ERS System ACCESS (To be completed by requestor)

ORG Requested (A) (enter range if needed)	ERS Access Requested (check appropriate box)		Access Begin Date	Access End Date *Leave blank for non-expiring*
	❏**Departmental Coordinator** ❏**Pre Reviewer** ❏**Pre Post Reviewer**	❏**Post Reviewer** ❏**Division Head**		
	❏**Departmental Coordinator** ❏**Pre Reviewer** ❏**Pre Post Reviewer**	❏**Post Reviewer** ❏**Division Head**		
	❏**Departmental Coordinator** ❏**Pre Reviewer** ❏**Pre Post Reviewer**	❏**Post Reviewer** ❏**Division Head**		

* APPROVING SIGNATURES
School/Center: _____ Date: _____

- **(A) Salary Management Access Required for Requested ORG**
- **Requests will be returned if approving signatures have not been obtained**

PART 4 TO BE COMPLETED BY ERS SECURITY ADMINISTRATOR
❏   Authorizations in order. Salary Mgmt access verified. Date received Account Security Administrator _____.
❏   Authorizations incomplete. Return to sender/Date returned _____.

SEND COMPLETED FORMS TO: **ERS Administrator, Office of Research Services, P-221 Franklin Bldg /6205**