

# The University of Tennessee at Martin

## Banner Systems Access Request Form

Complete this form to obtain or alter access. To process this form, the department head must fill in the appropriate information and either hit the Submit button at the bottom of the form or save the form and email it as an attachment to Steven Robertson (srrobertson@utm.edu). For "New Access" The Head of the Department of the employee must submit the form in order for access to be granted. For "Additional Access" The Head of the Department of the functional area in which additional access is to be granted must submit this form to authorize access to a user outside of their own functional area. Only applicable sections need to be completed.

### **Employee Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Department: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
UTM ID: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone number: \_\_\_\_\_

### **Reason for Request**

New Access: Yes    No                      Permanent      Temporary

*Note: An end date must be supplied for all temporary employees.*

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Additional Access: Yes    No                      Effective Date: \_\_\_\_\_

### **Banner Administrative**

*Note: we can NOT give a user access to all forms*

Specify the specific forms or the username of an existing employee whose access you'd like to replicate:

\_\_\_\_\_

Is this person taking someone else's place? Yes    No

Do we need to remove access for the person that is being replaced? Yes    No

If so, please provide us with the following information:

Name: \_\_\_\_\_ Banner Username: \_\_\_\_\_

UTM ID: \_\_\_\_\_ Effective Date: \_\_\_\_\_

### **Banner Self-Service**

*Note: This section does not need to be filled out for faculty members. They are automatically given access to Banner Self-Service when they are entered into Banner as a faculty member.*

Is this person an advisor? Yes    No

Does this person need to see photos? Yes    No

If so, please explain: \_\_\_\_\_

Does this person need to see web reports? Yes    No

If so, please explain: \_\_\_\_\_

What other items do they need access to? \_\_\_\_\_

**Xtender (Document Imaging System)**

What application do you need access to (B-S-ID, B-S-ADMN, etc.)? \_\_\_\_\_

What functional area is responsible for the documents within this application? \_\_\_\_\_

Who is the contact person? \_\_\_\_\_

What type of access do you need to this application, view only or update? \_\_\_\_\_

**Unix (Apollo)**

Specify the specific access or the username of an existing employee whose access you'd like to replicate: \_\_\_\_\_

Otherwise, explain your need for Unix access: \_\_\_\_\_

**Department Head (this will serve as your electronic signature)**

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Title/Position: \_\_\_\_\_

UTM ID: \_\_\_\_\_ Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date: \_\_\_\_\_