



APPLICATION USER AUTHORIZATION FORM

APPLICATION NAME: HireRight
(Criminal Background Checks and I-9s)

Email completed form to HRCompliance@ohr.wisc.edu

1. User and Position-Related Information

User Information	
Last Name: <input type="text"/>	First Name: <input type="text"/>
Employee ID #: <input type="text"/>	
Title: <input type="text"/>	
Department: <input type="text"/>	UDDS: <input type="text"/>
Email Address: <input type="text"/>	

2. Authorizations

Select the HireRight accounts that need to be added or removed for the user listed above. Enter any extra information that might be relevant to process the request in the Additional Request Notes field.

Function	Account	Access Action
Criminal Background Check (CBC)	Pre-Employee (BTUW001)	Add <input type="checkbox"/> Remove <input type="checkbox"/>
	Current Employee In A Position of Trust (BTUW002)	Add <input type="checkbox"/> Remove <input type="checkbox"/>
	Extension (BTUW004)	Add <input type="checkbox"/> Remove <input type="checkbox"/>
	Caregiver Checks (BTUW005)	Add <input type="checkbox"/> Remove <input type="checkbox"/>
I-9 (Employment Eligibility)	I-9 (BTUW006)	Add <input type="checkbox"/> Remove <input type="checkbox"/>

Additional Request Notes:

3. Legal Agreement

Violation of this agreement may result in disciplinary action or legal action or both.

Your use of University computing resources is restricted to authorized University of Wisconsin business. You will be held responsible for a security breach traceable to you or your assigned logon identification initials. You will be held liable for any willful misuse or deliberate system damage traceable to you or your logon identification initials. It is your responsibility to comply with the provisions of the Federal-Family Education Rights and Privacy Acts (FERPA), the University of Wisconsin-Madison Policy on Student Records, and the UW-Madison Policy on Faculty and Staff Racial/Ethnic Heritage Data (governed by Wisconsin Public Records Law and by state and federal law) to protect the confidentiality of personally identifiable information.

4. Approvals

I have read and agree to the above terms.

User Signature: <input type="text"/>	Date: <input type="text"/>
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I have reviewed this request and confirm that the requested access is necessary and appropriate for the listed user and position.

Supervisor Name (Print): <input type="text"/>	Date: <input type="text"/>
Supervisor Signature: <input type="text"/>	
Col/Schl/Div Representative Name (Print): <input type="text"/>	Date: <input type="text"/>
Col/Schl/Div Representative Signature: <input type="text"/>	
OHR HR Compliance Signature: <input type="text"/>	Date: <input type="text"/>