PRODUCTION APPLICATION ROLE AUTHORIZATION
APPLICATION NAME: Job and Employee Management System (JEMS)
(PVL, Rate/Title Change, Hire, and Job Change)

Email completed form to JEMSAccess@ohr.wisc.edu

1. User and Position-Related Information

Select User Type

Logon Information

☐ New user

NetID: _____

Employee ID #: _____

☐ Current/previous user

3-Character Logon (if exists): _____

Last Name: _____ First Name: _____ MI: _____

Title: _____

Department: _____ Col/Schl/Div: _____ UDDS: _____

Email Address: _____

2. Authorizations

List the highest UDDS needed for the user's work (ex: A, A02, A0201, A020110). Select an Action and Access Level for all necessary systems. Check the UDDS Email Notices box if user should receive automated email notifications for all transactions in the requested UDDS(s).

UDDS(s)	JEMS System	Access Action	Access Level				UDDS Email Notices
			Sub-Dept	Dept	Division	View Only	
	PVL	Add ☐ Remove ☐	☐	☐	☐	☐	☐
	Rate/Title Change	Add ☐ Remove ☐	☐	☐	☐	☐	☐
	Hire	Add ☐ Remove ☐	☐	☐	☐	N/A	☐
	Job Change	Add ☐ Remove ☐	☐	☐	☐	N/A	☐

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: _____ **Date:** _____

I have reviewed this request and confirm that the requested access is necessary and appropriate for the listed user and position.

Supervisor Name (Print): _____ **Date:** _____

Supervisor Signature: _____

Col/Schl/Div JEMS Custodian Name (Print): _____ **Date:** _____

Col/Schl/Div JEMS Custodian Signature: _____

OHR JEMS Data Custodian Signature: _____ **Date:** _____