

APPLICATION USER AUTHORIZATION FORM

APPLICATION NAME: SkillSurvey (Electronic Reference Check System Access)

Email completed form to uwjobs@wisc.edu

1. User and Position-Related Information

11					
User Information	Final Name		1		
Last Name:	First Name:				
UDDS:					
Title:					
		1			
Department:					
Email Address:					
	for which the user should be able to access S t an Action and Access Level for all requested				
UDDS(s):	Role:	Add	or Remove:		
	Department HR	Add	Remove		
	Division HR	Add	Remove		
held responsible for a security breach liable for any willful misuse or deliberate your responsibility to comply with the the University of Wisconsin-Madison F	ources is restricted to authorized University of Wistraceable to you or your assigned logon identificate system damage traceable to you or your logon provisions of the Federal-Family Education Rights Policy on Student Records, and the UW-Madison by Wisconsin Public Records Law and by state	ation initia identifica and Priv Policy on	als. You will be held ation initials. It is vacy Acts (FERPA), n Faculty and Staff		
4. Approvals I have read and agree to the above te	rme				
	inis.	г	1		
User Signature:		Date:			
I have reviewed this request and confirm that	t the requested access is necessary and appropriate for th	I have reviewed this request and confirm that the requested access is necessary and appropriate for the listed user and position.			
r inave reviewed this request and commit tha					
Supervisor Name (Print):		Date:			
<u>'</u>		Date:			
Supervisor Name (Print):	e (Print):		Date:		