APPLICATION USER AUTHORIZATION FORM
APPLICATION NAME: i-Sight (EDR)
(Case Management for Employee Disability Resources (EDR) Case)

Email completed form to employee.disabilities@cdo.wisc.edu

1. User and Position-Related Information

User Information

Last Name: _____ First Name: _____

NetID: _____ Employee ID #: _____
Your i-Sight User ID will be [your NetID]@wisc.edu

Title: _____

Department: _____ UDDS: _____

Email Address: _____

2. Authorizations

Indicate whether this request is to **add access** or **remove access**. All users will get the default **DDR Role** user type with access to cases within their divisions. Enter any extra information that might be relevant to process the request in the Additional Request Notes field.

☐ Add access

☐ Remove access

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.

Division Representative Name (Print): _____ **Date:** _____
Division Representative Signature: _____

EDR Representative Name (Print): _____ **Date:** _____
EDR Representative Signature: _____

OHR HRIS Representative Signature: _____ **Date:** _____