**Access Request - WebI BRITS**

Please be advised that any personal information provided on this form may be used for secondary purposes, per Privacy Law, §.15.04(1)(m), Wisconsin Statute. DCF Security is legally responsible for protecting the confidentiality of personally identifiable information, displayed on any systems or materials. ***Please see the Form Instructions on Page 3****.*

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| **1.0** | | **Acknowledgements** | | | | | | | | | | | |
| Use of the requested Logon and Password provides access to confidential information that must be safeguarded in accordance with DCF policy and Wisconsin Statutes §.49.32m(10), §.49.32(10m), §.49.83 and §.943.70(2). | | | | | | | | | | | | | |
| **2.0** | | | **User Information** | | | | | | | | | | |
| Effective Date | | | | User Name (Last, First, Middle) | | | | | | | | | |
| User WebI ID (N/A if a new User) | | | | | | User Work Telephone | | | | | | | |
| User Email Address | | | | | | | | | Employer Name / Agency Type | | | | |
| *Your signature below constitutes acceptance of the responsibility for complying with the statutes, listed above.* | | | | | | | | | | | | | |
| User **SIGNATURE** | | | | | | | | | | | Date Signed | | |
| **3.0** | | **Request Type** | | | | | | | | | | | |
| Request Type | | | | | | | | | | | | | |
| If a Change, please specify: | | | | | | | | | | | | | |
| **4.0** | | **Program Access Requested** | | | | | | | | | | | |
|  | | | | | | | | | | **DCF Staff Only** | | | |
| **Program Area** | | | | | | | **Viewer** | **Editor** | | **Analyst\*** | | **DEV** | **PUB** |
| 1. BRITS | | | | | Shared | |  |  | |  | |  |  |
| PACU | |  |  | |  | |  |  |
| 1. BRITS DHS | | | | | OIG | |  |  | |  | |  |  |
| IM | |  |  | |  | |  |  |
| 1. BRITS DCF | | | | | CC | |  |  | |  | |  |  |
| W2 | |  |  | |  | |  |  |
| OIG | |  |  | |  | |  |  |
| 1. BRITS Admin | | | | |  | |  |  | |  | |  |  |
| 1. BRITS County | | | | |  | |  |  | |  | |  |  |
| 1. BRITS Management | | | | |  | |  |  | |  | |  |  |
| **\*DHS may also be granted ‘Analyst’** | | | | | | | | | | | | | |
| **5.0** | | | **Approval Signatures** | | | | | | | | | | |
| By signing your name in the ‘SIGNATURE’ field below you are empowered and authorizing this data access request. | | | | | | | | | | | | | |
| **5.a** | | | **Supervisor** | | | | | | | | | | |
| Supervisor Name | | | | | | | | | | | | | |
| Supervisor Email Address | | | | | | | | | | | Supervisor Telephone | | |
| Supervisor **SIGNATURE** | | | | | | | | | | | Date Signed | | |
| **5.b** | | | **Agency / County / Tribal Security Officer** | | | | | | | | | | |
| Security Officer Name | | | | | | | | | | | | | |
| Security Officer Email Address | | | | | | | | | | | Security Officer Telephone | | |
| Agency/County/Tribal Security Officer **SIGNATURE** | | | | | | | | | | | Date Signed | | |
| **5.c** | | | **DCF Security Officer** | | | | | | | | | | |
| DCF Security Officer Name | | | | | | | | | | | | | |
| DCF Security Officer Email Address | | | | | | | | | | | Program Owner Telephone | | |
| DCF Security Officer **SIGNATURE** | | | | | | | | | | | Date Signed | | |
| **6.** | **Request Routing** | | | | | | | | | | | | |
| 1. The **User**    1. Completes Page 1, prints the document, signs, and dates the form in their section of the Request, Section (3), “User Information”.    2. The **User** then hand-delivers, scan-emails, or sends via interoffice mail, the completed form to his/her **Supervisor,** for their signature. 2. The **Supervisor**    1. Completes their section of the Request, Section (5)a., signs and dates the form.   If the user is external to DCF:   * 1. The **Supervisor** hand delivers, scan and emails, or sends via interoffice mail, the completed form to the **Agency/County/Tribal Security Officer.**   2. The **Agency/County/Tribal Security Officer** completes their section of the Request, Section (5)b., and scans and emails the completed form to the **DCF Service Desk**  1. The **DCF Service Desk**    1. Creates a service request ticket and attaches the completed Data Access Request Form to the ticket.    2. Assigns ticket to **DCF Security**. 2. The **DCF Security**    1. Completes their section of the Request, Section (5)d., signs and dates the form, and then performs one of the following:       1. If the request is for Viewer or Editor level access, the **DCF Security Officer** grants the access and notifies the user.       2. If the request is for Analyst level access, the **DCF Security Officer** grants the access and notifies the **Business Intelligence Section**, so that they may plan training with the **User**.       3. If the request is for Publisher level or Developer level access, the **DCF Security Officer** notifies the **Business Intelligence Section**. The **Business Intelligence Section** reviews and discusses the request with the **User**. After the review of the request and the validation with the **User** has occurred, the **Business Intelligence Section** will notify **DCF Security** that they may grant the access. | | | | | | | | | | | | | |

**Form Instructions**

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| Section (1) Acknowledgements: | The notification of the legal responsibility associated with the access to data that is being granted, and that the electronic signature applied to this request, by the User, constitutes their acknowledgement of that responsibility. |
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| Section (2) User Information: | The User for whom this new Business Objects access profile is being requested. (The “Requestor”.) |
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| Section (3) Request Type: | Select “**New**”, for a brand new user; Select “**Delete**”, to revoke any access for an existing user, or to fully remove the user account, due to termination; Select “**Change**”, to revise existing access, and enter a brief explanation of the change, in the ‘Details’ field. Please complete the form so that it represents the future access profile, intended for the user, after implementation of the change(s). |
|  |  |
| Section (4) Program Access: | The Program Area system(s) to which you are requesting access and the level of access you are requesting for each. |
|  |  |
| Section (5) Approval Signatures: | The authorized Signatures of the User requesting data access, and the Program Area Owners granting approval for that data access. |
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| Supervisor  DCF Service Desk  DCF Security | The supervisor of the user who must approve the user’s request.  The coordinator with DCF Security for the completion of data access requests.  The DCF security officer approving the user’s request. |
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| Section (6) Request Routing: | The step-by-step process for routing the completed request form, so as to acquire the necessary approval signatures from authorizing personnel, depending upon the access being requested. |
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