

**Request for External System / Application Access to HRS-EPM Data**

Complete all sections of this form. Applicants are required to obtain approvals, authorizations or acknowledgments from the appropriate institutional sponsors and HRS Data Custodians based on the data access requested. Applicants may also be required to provide additional supporting documentation. **All new applications requesting high risk data must include a data security plan.** Use the fillable fields to help reviewers process your request.

Mail the completed paper copy form and attachments to:

UW Service Center, HRS-EPM Data Access Request, 660 West Washington Ave, Suite 201, Madison, WI 53703

To expedite processing, please submit an electronic version to UW System Service Operations.

Your application will not be complete until the paper form with all signatures is received.

**Section 1: Applicant Information**

External System/Application Name

UW Institution

Date of Request (mm/dd/yyyy)

External System/Application Sponsor Name(s)

**External System/Application Description and Business Case Explanation**

Specifically indicate why currently provided reporting tools, e.g. OBIEE, will not meet the need. Any approved access will be approved for the specific need identified here. If future needs change, you must notify the Service Center of the change in the use of the account. Attach additional pages if necessary.

**Requested EPM Data/Data Views**

Describe the intended use of the requested EPM data and list the relevant Data Views. Data requested must be justified. Attach additional pages if necessary. Reference: <https://uwservice.wisconsin.edu/docs/publications/epm-dataviews.xlsx>

**Section 2: Credential Holders**

Person(s) who will be responsible for managing the EPM login credentials; often these are developers or database administrators. The Service Center must be notified of any changes to these individuals.

Name	Employee ID
Phone	Email

**Requirements**  HRS Security Awareness Training completed, and  
 HRS User Compliance Form on file

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Phone	Email

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**Section 3: Data Management**

**Will the External System/Application maintain a persistent local store of HRS data?**

**No.** If no, go to the next section, High Risk Data.

**Yes.** If yes, **attach a detailed and comprehensive Data Management Plan** that describes how and where the data will be stored, secured and synced with HRS. Provide the following authorizations:

1. I certify that this external system/application plans to protect HRS data in a local data store, keep the data synchronized with HRS as the authoritative source, and comply with published HRS data security guidelines/best practices and all UWSA policies.

**HRS Data Custodian Signature**

Date

\_\_\_\_\_

\_\_\_\_\_

2. I have received, read, and agree to comply with the published HRS data security guidelines and all UWSA policies.

**Sponsor(s) Initials**

Date

\_\_\_\_\_

\_\_\_\_\_

**Section 4: High Risk Data**

**Does this request include access to High Risk Data, as defined by UWSA policy?**

**No.** If no, go to the next section, Data Scope.

**Yes.** If yes, indicate the requested High Risk Data and provide authorizations below.

**Business Need Statement:**

Identify the High Risk Data being requested and describe the legitimate business need for each data element. Attach additional pages if necessary.

1. I have reviewed this application's data security plans for protecting High Risk Data, and confirm that these comply with published HRS data security guidelines and all UWSA policies.

**HRS Data Custodian Signature**

Date

\_\_\_\_\_

\_\_\_\_\_

2. I have received, read, and agree to comply with the published HRS data security guidelines and all UWSA policies.

**Sponsor(s) Initials**

Date

\_\_\_\_\_

\_\_\_\_\_

**Section 5: Data Scope**

**HRS Data Custodian Approval**

An External System/Application that is developed by an individual UW institution for internal data access and uses only data directly related to that institution is subject to security approval and agreement requirements from **their** institution's HRS Data Custodian and Sponsor(s).

An External System/Application that provides cross-UW institution data access or uses data from more than one UW institution is subject to security approval requirements from **each** institution's HRS Data Custodian whose institutional data will be accessed by the External System/Application.

**Access Request to Institutional Data**

Indicate below by checking the box(es) of the UW Institution(s) for which you are requesting data access:

- UW Colleges
- UW-Eau Claire
- UW-Extension
- UW-Green Bay
- UW-La Crosse
- UW-Madison
- UW-Milwaukee
- UW-Oshkosh
- UW-Parkside
- UW-Platteville
- UW-River Falls
- UW-Stevens Point
- UW-Stout
- UW-Superior
- UW-Whitewater
- UW System Administration

**Signatures**

We, the undersigned sponsor(s) of the requesting application/system, have been provided with copies of the Guidelines for Use of HRS-EPM Data document and have reviewed it. We acknowledge that approval of this request means we will fully comply with these guidelines and all UWSA policies in our use of HRS. We agree that we will not use HRS data for purposes other than those explicitly stated there or in this form, nor provide HRS data to other systems or parties.

We further understand that this application development team bears the responsibility for seeking and obtaining written or electronic approval from the appropriate institutional data custodians for the use of their data in this application.

**Sponsor Signature**

Date

\_\_\_\_\_

\_\_\_\_\_

**Sponsor Signature**

Date

\_\_\_\_\_

\_\_\_\_\_

**Data Custodian Signature**

Date

\_\_\_\_\_

\_\_\_\_\_

**Attachment: HRS Data Custodian Approval of Requested Access to Data**

Use this attachment if you need authorizations from multiple data custodians.

**External System/Application Name**

**HRS Data Custodian Approval**

<b>UW Institution(s)</b>	<b>Signature</b>	I, the undersigned, have authority from my institution to approve application access to person data from the indicated source, and have granted that approval to this application.
<input type="checkbox"/> UW Colleges	Name (print) Signature/Date	
<input type="checkbox"/> UW-Eau Claire	Name (print) Signature/Date	
<input type="checkbox"/> UW-Extension	Name (print) Signature/Date	
<input type="checkbox"/> UW-Green Bay	Name (print) Signature/Date	
<input type="checkbox"/> UW-La Crosse	Name (print) Signature/Date	
<input type="checkbox"/> UW-Madison	Name (print) Signature/Date	
<input type="checkbox"/> UW-Milwaukee	Name (print) Signature/Date	
<input type="checkbox"/> UW-Oshkosh	Name (print) Signature/Date	
<input type="checkbox"/> UW-Parkside	Name (print) Signature/Date	
<input type="checkbox"/> UW-Platteville	Name (print) Signature/Date	
<input type="checkbox"/> UW-River Falls	Name (print) Signature/Date	
<input type="checkbox"/> UW-Stevens Point	Name (print) Signature/Date	
<input type="checkbox"/> UW-Stout	Name (print) Signature/Date	
<input type="checkbox"/> UW-Superior	Name (print) Signature/Date	
<input type="checkbox"/> UW-Whitewater	Name (print) Signature/Date	
<input type="checkbox"/> UW System Administration	Name (print) Signature/Date	