

Request for API Access to HRS

Complete all sections of this form. Applicants are required to obtain approvals, authorizations or acknowledgements 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 applications must include a data security plan.** Use the fillable fields to help reviewers process your request. If you have questions after reading the form instructions, contact: servicecenter@uwsa.edu

Mail the completed paper copy form and attachments to:

UW Shared Services, HRS Data Warehouse Data Access Request, 660 West Washington Ave, Suite 201, Madison, WI 53703

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

Please email an electronic version of the completed form to: servicecenter@uwsa.edu

Section 1: Applicant Information

External System/Application Name

UW Institution Date of Request (mm/dd/yyyy)

External System/Application Sponsor Name(s)

If this is an existing HRS API account, provide account name below :

External System/Application Description and Business Case Explanation

Specifically indicate why currently provided tools will not meet your needs and why production data is necessary. 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.

Requested HRS API Methods

Describe the intended use of the requested HRS data and list the relevant API methods. Data requested must be justified. Attach additional pages if necessary.

Section 2: Credential Holders

Person(s) who will be responsible for managing the HRS API login credentials; often these are developers or database administrators. The Service Center must be notified of any changes to these individuals. Credentials and support will only be provided to users on file.

Name	Employee ID
Phone	Email
Requirements <input type="checkbox"/> HRS Security Awareness Training completed, and <input type="checkbox"/> HRS User Compliance Form on file	

Name	Employee ID
Phone	Email
Requirements <input type="checkbox"/> HRS Security Awareness Training completed, and <input type="checkbox"/> HRS User Compliance Form on file	

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 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:

- | | |
|--|---|
| <input type="checkbox"/> UW Colleges | <input type="checkbox"/> UW-Parkside |
| <input type="checkbox"/> UW-Eau Claire | <input type="checkbox"/> UW-Platteville |
| <input type="checkbox"/> UW-Extension | <input type="checkbox"/> UW-River Falls |
| <input type="checkbox"/> UW-Green Bay | <input type="checkbox"/> UW-Stevens Point |
| <input type="checkbox"/> UW-La Crosse | <input type="checkbox"/> UW-Stout |
| <input type="checkbox"/> UW-Madison | <input type="checkbox"/> UW-Superior |
| <input type="checkbox"/> UW-Milwaukee | <input type="checkbox"/> UW-Whitewater |
| <input type="checkbox"/> UW-Oshkosh | <input type="checkbox"/> 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 also understand that use of any provided credentials may be monitored for compliance and performance standards.

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

UW institution(s)	Signature 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
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<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
<input type="checkbox"/> UW System Wide	Name (print) Signature/Date