



EMS Project Team — Forms

System Access Request

Gaining Access

To gain access to Event Management System (EMS) or its associated systems, an employee must successfully complete the appropriate EMS training. This form must be completed and signed by the employee and his or her manager, then sent to the EMS Security Group. *Note: This is a two-page document with required information on both pages.*

Confidentiality of Records

Unauthorized distribution of information outside the intended and approved use is strictly prohibited. CSULB computer systems are for the use of authorized users only. If one is suspected of unauthorized activities, Event Service staff may monitor and record all session activities. Anyone using these systems expressly consents to such monitoring. It is understood that these are specific user accounts and may not be given to temporary staff or students unless expressly setup for that purpose.

Requestor Information

Name (Last, First, MI): _____ Employee ID: _____

Email: _____ Phone: _____

Dept. ID: _____ Depart. Name: _____

Position/Job Function: _____

Dept IDs Requesting Access to: _____

Access Request – Check Requested Items

Access will only be granted if the proper EMS training courses have been completed, and the functionality is required to perform your job.

For what locations are you requesting access?

For what categories are you requesting access?

Booking Access (reserved space, enter transactions / billing, print confirmation, configure pricing items, add Service orders and items)

Certify Access

Administrative Access

SLD Access

Virtual Access

Report Only Access (pertaining to your location or category)

Query

Additional Information (Please identify the functionality you require access to, if it is not listed above):

Remove System Access (Optional. Please identify functionality you no longer need):

Requestor Agreement

By signing this form, I certify that I have read and understand the statement of confidentiality of records. I understand that my User ID and password are to be kept confidential. Should I share this information, my ID will be revoked.

Requestor Signature: _____ **Date Signed:** _____

Manager Approval (Level 4 Only)

By signing this form, I approve this employee for access requested on the following page, including access to confidential student and/or employee data.

Level 4 Approval: _____ **Date Signed:** _____

Print Manager Name: _____ **Manager Email:** _____

EMS Security Team Use Only

Security Administrator: _____ **Date Signed:** _____

System/Database:	User ID:
Date Created/Updated:	User Template Assignment: