

Workday Security Request

This form should only be completed by the [Workday Role Assignment Contact](#)
Individuals who will be holding a Workday Role for the first time, must complete the confidentiality agreement (see page 2).

Requestor Name:	<input type="text"/>	Requestor Title:	<input type="text"/>
Requestor Email:	<input type="text"/>	Effective Date:	<input type="text"/>
New User's Name:	<input type="text"/>	New User's Chicago ID:	<input type="text"/>

Section A: Supervisory Organization Roles

Highest Supervisory Organization(s) the user will support (can enter multiples):

Include Subordinate Organizations

Roles:

- | | | |
|--|--|--|
| <input type="checkbox"/> HR Partner | <input type="checkbox"/> Costing Allocations Partner | <input type="checkbox"/> Manager (indicate Supervisory Organization names above) |
| <input type="checkbox"/> Academic HR Partner/Acad. Partner | <input type="checkbox"/> Operations Analyst | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Academic HR Coordinator | <input type="checkbox"/> Lead HR Partner | Use comments to explain) |
| <input type="checkbox"/> Budget Partner | | |

Comments:

Section B: Approval by Workday Security Administrator

Approver Name:	<input type="text"/>	Title:	<input type="text"/>
Signature:	<input type="text"/>		

Once approved by a Security Administrator, (1) role should be assigned in Workday and (2) an approval email must be sent to the requester.

University of Chicago

Treatment of Confidential Information Agreement

I understand and acknowledge that as an employee of the University of Chicago with access to the Workday system, I may have access to or become aware of personal, sensitive, or confidential information. I have read, understand, and will comply with University Policy U601 (Treatment of Confidential Information), and I understand that this Agreement supplements U601.

I have read and understand the University's policy 601 – Treatment of Confidential Information, and I understand and acknowledge the necessity of login ID/password security.

In addition to complying with all applicable University policies, I will comply with the following requirements regarding login IDs and passwords:

1. I understand that my login ID(s) and password(s) are unique to me as a user of one or more of the University's systems. I will keep my login IDs and passwords confidential. I understand that my login IDs and passwords replace my handwritten signature and are equivalent to a handwritten signature.
2. I understand that my login ID(s) and password(s) are necessary for me to perform my job. I will memorize my login ID(s) and passwords and will store any written login IDs and passwords in a secure place.
3. If I suspect that someone else is using my login ID(s)/password(s), or if my password card has been lost or stolen, I will immediately notify my supervisor and request a replacement.
4. If I undergo a status change of any kind (job description, job title, name, promotion, or resignation/termination), I will remind my supervisor to inform the appropriate central office(s) so that the information can be updated.

I understand that my failure to comply with this Agreement and other applicable University policies will result in disciplinary action up to and including, but not limited to, termination of employment, and may result in civil and/or criminal legal action as appropriate.

I acknowledge and represent that I have carefully read this Agreement, and that I understand and agree to its terms.

Employee Signature

Date