ManageSpace Survey
AUTHORIZATION/REQUEST FOR DELETION

Return completed forms to the IT Helpdesk via email at ITHelp@wustl.edu

Part A. Requester Information

Name: _____

Job Title: _____

Employee ID: _____

Dept. Name: _____

Primary Cost Center: _____

Please select reason for request: ☐ **New** ☐ **Change** ☐ **Addition** ☐ **Deletion**

Part B. Functional Access

This form grants functional access for the following ManageSpace user roles.

To Request OSIS Floor plans/OSIS Reporting – ☐ **Accept** ☐ **Decline**

ManageSpace Survey Department Administrator role will have the ability to access data based on the selection of a Main Department, Department, or School. This level will also be able to complete the survey based on department level hierarchy.

Helpful information about Manage Space and Survey process can be found here.

Part C. Department Level Access

Please select the type of Department Level Access needed and provide associated department numbers.
Main Department Level – This would be the highest level that your unit services. This is also the Main CCH level in the system or the superior hierarchy in Workday.
Department Level – Referred to as the CCH rollup values. This could be at a cost center or cost center hierarchy value.
School Level – Restricted to Danforth Campus only. This would refer to your academic unit. (*EX: School of Engineering*)

Department Level Access Type (select *__only one__* of the Access Types below):

☐ **Main Department Level**   ☐ **Department Level**   ☐ **School Level**

*__**Please provide all CCH values needing access**__*

_____   _____   _____
_____   _____   _____
_____   _____   _____
_____   _____   _____

Mirror current access of existing user: _____
If additional CCH values are needed, please list above.

Part D. Department Approval

I certify that the above named individual requires the specified access to the requested system as stated on this Security Authorization form, and that such access is appropriate in the conduct of their job responsibilities.

Dept. Head Signature_____Date_____

Dept. Head (Printed)_____Title (Printed)_____

Part E. Indirect Cost Analysis Department Review & Approval

IDC Dept. Approver Signature_____Date_____

Rev.3: 3/07/2023   *Please retain a copy for your departmental records.*

Part F. Requester Security and Privacy Statement

I certify that my position at Washington University requires access to the requested system as stated on this Security Authorization form. I acknowledge that my access is strictly for business use and any non-business use may be subject to disciplinary action. I further acknowledge that I have read and will comply with the following University policies:

> Information Security Policy, located here
> Computer Use Policy, located here
> Guide to Legal and Ethical Use of Software, located here
> Student Records Policy, located here

To ensure the privacy and security of University data, I will:

- Access, distribute and share all University data only as needed to conduct campus business as required by my job.
- Respect the confidentiality and privacy of individuals whose data I access.
- Observe any ethical restrictions that apply to data to which I have access.
- Immediately report to my supervisor any and all security breaches.
- Comply with all department and campus IT and business process security policies and procedures, including proper and timely destruction of documents and/or files containing sensitive data.
- Protect and secure data on portable devices; e.g., laptops, thumb drives, CDs.
- Change my password on a periodic basis, as required.
- Contact the appropriate personnel to have my access revoked upon transfer to another department within the University or termination of my employment with the University.

I will not:

- Discuss verbally or distribute in electronic or printed form University data except as needed to conduct University business as required by my position.
- Knowingly falsely identify myself.
- Gain or attempt to gain unauthorized access to University data or computing systems.
- Share my user ID(s) and password(s) with anyone nor use anyone else's user ID(s) or password(s) without departmental review.
- Leave my workstation unattended or unsecured while logged-in to critical functions or sensitive information.
- Use or allow other persons to use University data or software for personal gain
- Make unauthorized copies of University data or software.
- Engage in any activity that could compromise the security or confidentiality of University information services.
- Place data or programs on University computers which are not required for my job function. All data and programs must be ones for which the University has the right for use by law or license.

I have read and agree to comply with the terms and conditions stated above. I further understand that a breach of this agreement may be grounds for immediate dismissal and may also result in referral for civil or criminal legal action. Should my affiliation with the University change or terminate, these prohibitions remain in effect.

Requester Signature_____Date _____

If you have questions about any of these terms and conditions, contact your school, department, or unit system manager, or call the IT Helpdesk at 314-933-3333.