



**PlanUW - Planning and Budgeting Cloud Authorization** University  
of Wisconsin – Madison

Please **email** completed form to [planuw-msn-mbo@vc.wisc.edu](mailto:planuw-msn-mbo@vc.wisc.edu)

Add New User (all fields required)      Change to Existing User (applicable fields)

Delete User (provide name, email ID, Division/Department)

The form should be completed and signed by the Divisional Budget Officer. Please scan and submit to [planuw-msn-mbo@vc.wisc.edu](mailto:planuw-msn-mbo@vc.wisc.edu)

Last Name	First	MI	Phone	Email Address
Division/Department:				

NetID:	Operating System (Windows or Macintosh):
	Excel Version (Optional):

PlanUW Role (Check one):	<input type="checkbox"/> Viewer	<input type="checkbox"/> Planner
<i>Viewer – this role allows the user to be able to view data in PlanUW based on their security settings (but not enter data)</i>		
<i>Planner – this role allows the user to enter and view data in PlanUW based on their security settings</i>		

Smart View access needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	IT Support contact -
		Name:
		Email ID:

Read Only Access Division/Department(s) (UDDS format):	Read and Write Access Division/Department(s) (UDDS format):

**Terms:** You may use your PlanUW access only for authorized University of Wisconsin business need. Your password verifies your login identification (Login ID) and is intended for your use alone. You are responsible for keeping it confidential. If you suspect someone else knows your password, change it immediately. You may be held responsible for any willful and deliberate misuse, system damage or security breach, that is traceable to your assigned Login ID. Intentional violation of this agreement may result in disciplinary action, legal action or both.

**I have read, understand, and agree to the above terms:**

User Signature	Print Name	Date



I certify the authorized business need for access assigned and hold the above accountable for the terms stated. I understand the internal control risks associated with the combination of access to roles and accept the responsibility for implementing compensating controls, if such access is authorized. I assume the responsibility of notifying the above email to remove any access, when no longer needed.

(Note: The campus department should notify Madison Budget Office (via this form), if someone's authorization should be deleted from the system. This will *not* occur automatically when a person leaves).

Supervisor Signature	Print Name	Date
	Email ID	
Divisional Budget Officer Signature	Print Name	Date
	Email ID	
Madison Budget Director Signature	Print Name	Date
	Email ID	