



PlanUW - Planning and Budgeting Cloud Authorization University

of Wisconsin - Madison

Please email completed form to 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

Last Name	First	MI	Phone	Email Address	
Division/Departm	ent:				
NetID:			Operating Sy	Operating System (Windows or Macintosh):	
			Excel Version	n (Optional):	
PlanUW Role (Che	ck one): Viewer	Planner	•		
	lows the user to be able llows the user to enter a			security settings (but not enter data) security settings	
Smart View access needed: Yes No			IT Support co	IT Support contact -	
			Name:		
			Email ID:		
Read Only Access Di	vision/Department(s) (U	DDS format):	Read and Wi	rite Access Division/Department(s) (UDDS format):	
login identification (someone else know	(Login ID) and is intenders your password, chang ecurity breach, that is tra	ed for your use a e it immediately.	lone. You are respons You may be held res	sin business need. Your password verifies your sible for keeping it confidential. If you suspect ponsible for any willful and deliberate misuse, tional violation of this agreement may result in	
	rstand, and agree to t	he above term	s:		
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 Email ID	Date
Divisional Budget Officer Signature	Print Name Email ID	Date
Madison Budget Director Signature	Print Name Email ID	Date