**Access Request - WEBi Child Support**

Please be advised that any personal information provided on this form may be used for secondary purposes, per Privacy Law, §.15.04(1)(m), Wisconsin Statute. DCF Security is legally responsible for protecting the confidentiality of personally identifiable information, displayed on any systems or materials. ***Please see the Routing and Form Instructions on Pages 3-4****.*

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| **1.0** | | | **Acknowledgements** | | | | | | | | | | | |
| Use of the requested Logon and Password provides access to confidential information that must be safeguarded in accordance with DCF policy and WI Statutes §.49.32m(10), §.49.32(10m), §.49.83 and §.943.70(2). | | | | | | | | | | | | | | |
| **2.0** | | | **User Information** | | | | | | | | | | | |
| Effective Date | | | | User Name (Last, First, Middle) | | | | | | | | | | |
| User WebI ID (N/A if a new User) | | | | | User Email Address | | | | | | | | | |
| Employer Name / Agency Type | | | | | | | | | User Work Telephone | | | | | |
| Your signature below constitutes acceptance of the responsibility for complying with the statutes, listed above. | | | | | | | | | | | | | | |
| User SIGNATURE | | | | | | | | Date Signed | | | | | | |
| **3.0** | | | **Request Type:** | | | | | | | | | | | |
| If a Change, please specify: | | | | | | | | | | | | | | |
| **4.0** | | | **Program Access Requested** | | | | | | | **DCF Staff Only** | | | | |
| **4.a. Program Area** | | | | | | | **Viewer** | | **Editor** | **Analyst** | **DEV** | | **PUB** | |
| Child Support | | | | | | |  | |  |  |  | |  | |
| **4.b. Folder Level Access Requested** | | | | | | | **Agency** | | | **State** | | **Exec** | | |
| Folder Level Access | | | | | | |  | | |  | |  | | |
| **4.c. Federal Tax Information (FTI) Access Level Requested** | | | | | | | **Non-FTI** | | | **FTI** | | | | |
| (FTI access is for DCF staff only – User has been approved by IRS to access FTI) | | | | | | |  | | |  | | | | |
| **4.d** | **Special Folder Access Requested:** | | | | | | | | | | | | |
| **5.0** | | **Approval Signatures** | | | | | | | | | | | | |
| By signing your name in the ‘SIGNATURE’ field below you are empowered and authorizing this data access request. | | | | | | | | | | | | | | |
| **5.a** | | **Supervisor** | | | | | | | | | | | | |
| Supervisor Name | | | | | | | | | Supervisor Telephone | | | | | |
| Supervisor Email Address | | | | | | | | | | | | | | |
| Supervisor SIGNATURE | | | | | | | | | Date Signed | | | | | |
| **5.b** | | **Agency / County / Tribal Security Officer** | | | | | | | | | | | | |
| Security Officer Name | | | | | | | | | Security Officer Telephone | | | | | |
| Security Officer Email Address | | | | | | | | | | | | | | |
| Agency/County/Tribal Security Officer SIGNATURE | | | | | | | | | Date Signed | | | | | |
| **5.c** | | **Program Area Data Steward** | | | | | | | | | | | | |
| Program Data Steward Name | | | | | | | | | Program Data Steward Telephone | | | | | |
| Program Data Steward Email Address | | | | | | | | | | | | | | |
| Program Data Steward SIGNATURE | | | | | | | | | Date Signed | | | | | |
| **6.** | **Request Routing** | | | | | | | | | | | | | |
| 1. The **User -**     1. Completes Page 1, prints the document, signs and dates the form in their section of the Request, Section (3), “User Information”.    2. The **User** then hand-delivers, scan-emails, or sends via interoffice mail the completed form to his/her **Supervisor** for their signature. 2. The **Supervisor –**     1. Completes their section of the Request, Section (5)a., signs and dates the form.   If the user is internal to DCF:   * 1. The **Supervisor** hand delivers, scan and emails, or sends via interoffice mail, the completed form to the **Program Area Data Steward**.   If the user is external to DCF:   * 1. The **Supervisor** hand delivers, scan and emails, or sends via interoffice mail, the completed form to the **Agency/County/Tribal Security Officer.**   2. The **Agency/County/Tribal Security Officer** completes their section of the Request, Section (5)b., and scans and emails the completed form to the **Program Area Data Steward.**  1. The **Program Area Data Steward –**     1. Completes their section of the Request, Section (5)c., signs and dates the form, and then hand-delivers, scan-emails, or sends via interoffice mail, the completed form to the **DCF Service Desk.** 2. The **DCF Service Desk** –    1. Creates a service request ticket and attaches the completed Data Access Request Form to the ticket.    2. Assigns ticket to **DCF Security**. 3. The **DCF Security** –    1. Completes their section of the Request, Section (5)d., signs and dates the form, and then performs one of the following:       1. If the request is for Viewer or Editor level access, the **DCF Security Officer** grants the access and notifies the user.       2. If the request is for Analyst level access, the **DCF Security Officer** grants the access and notifies the **Business Intelligence Section**, so that they may plan training with the **User**.       3. If the request is for Publisher level or Developer level access, the **DCF Security Officer** notifies the **Business Intelligence Section**. The **Business Intelligence Section** reviews and discusses the request with the **User**. After the review of the request and the validation with the **User** has occurred, the **Business Intelligence Section** will notify **DCF Security** that they may grant the access. | | | | | | | | | | | | | | |
| **Form Instructions** | | | | | | | | | | | | | | |
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| Section (1) Acknowledgements: | | | | | | The notification of the legal responsibility associated with the access to data that is being granted, and that the electronic signature applied to this request, by the User, constitutes their acknowledgement of that responsibility. | | | | | | | | |
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| Section (2) User Information: | | | | | | The User for whom this new Business Objects access profile is being requested. (The “Requestor”.) | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| Section (3) Request Type: | | | | | | Select “**New**”, for a brand new user; Select “**Delete**”, to revoke any access for an existing user, or to fully remove the user account, due to termination; Select “**Change**”, to revise existing access, and enter a brief explanation of the change, in the ‘Details’ field. Please complete the form so that it represents the future access profile, intended for the user, after implementation of the change(s). | | | | | | | | |
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| Section (4) Program Access: | | | | | | The Program Area system(s) to which you are requesting access and the level of access you are requesting for each. | | | | | | | | |
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| Section (5) Approval Signatures: | | | | | | The authorized Signatures of the User requesting data access, and the Program Area Data Stewards granting approval for that data access. | | | | | | | | |
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| Supervisor  Agency/County/Tribal Security  Program Area Data Steward  DCF Service Desk  DCF Security | | | | | | The supervisor of the user who must approve the user’s request.  The security officer serving the external agency, county or tribe.  The data steward for the program area to which data access has been requested.  The coordinator with DCF Security for the completion of data access requests.  The DCF security officer approving the User’s request. | | | | | | | | |
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| Section (6) Request Routing: | | | | | | The step-by-step process for routing the completed request form, so as to acquire the necessary approval signatures from authorizing personnel, depending upon the access being requested. | | | | | | | | |
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