Washington University in St. Louis
EMS Access Request Form

To gain access to EMS (Event Management System), this form must be completed and signed by the employee and their supervisor (see page 2). Training is required to use EMS.

Name (Last, First, MI): _____ **Empl ID**: _____

WU email address: _____ **Phone**: _____

Department: _____ **Campus Box/MSC**: _____

Position/Job Function: _____

Check ALL that apply *(including the last box if you are a current a WU student)*:

☐   I am a new user.
        Please provide the name of the person you replaced below, if applicable:
        _____

☐   I am requesting a change to my current access.

☐   I am requesting that my access be terminated.

☐   I am a current WU student.

What level of access are you requesting?

☐   **Read Only** (inquiry only, includes the ability to run reports).

☐   **Requestor Only** (for those using the EMS client app, instead of VirtualEMS, to request spaces/events, no approval capability). *As of July 1, 2016 no new users (outside of Law) will be granted this level of access.*

☐   **Audio Visual Provider** (view web reservations through VirtualEMS, inquiry on events, ability to run reports and make minor changes to booking details).

☐   **Scheduler** (responsible for approving space requests, printing confirmations, running reports, etc.).

☐   **School/Domain Administrator** (schedule events or academic classes, configure web process templates and other settings related to specific school/domain).

☐   **System Administrator** (access to any and all data in EMS including the ability to update and configure all aspects of the system).

☐   **Functionality required, if it is not listed above**:
        _____

Please list the spaces to which you need access. Submit spaces on a separate page, if necessary.
_____
_____
_____
_____
_____

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Department Approval

I certify that the person requesting EMS requires the specified access as stated on this access request form, and that such access is appropriate in the conduct of their job responsibilities.

Name of Supervisor (please print): _____

Signature of Supervisor: _____ **Date**: _____

Requestor Agreement

I certify that my position at Washington University requires access to EMS as stated on this 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: https://wustl.edu/about/compliance-policies/computers-internet-policies/information-security/
- Computer Use Policy: https://wustl.edu/about/compliance-policies/computers-internet-policies/computer-use/
- Guide to Legal and Ethical Use of Software: https://wustl.edu/about/compliance-policies/computers-internet-policies/legal-ethical-software-use/

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

- Access, distribute and share University data only as needed to conduct 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.

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.
- Share my user ID(s) and password(s) with anyone nor use anyone else's user ID(s) or password(s).
- 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.

I 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.

Signature of Requester: _____ **Date:** _____

If you have questions about any of the terms and conditions, please contact Cris Baldwin in the Office of the University Registrar at crisbaldwin@wustl.edu or by phone at 314-935-9818.

ACCESS FORM ACTION:

Access Approved ☐ Y ☐ N   Date: _____   Requestor Notified: ☐ Y ☐ N   Date: _____