



Administrative Information Systems
Request for Access to ➤ Provost Report System

Admin ID:
(to be supplied by CAP)

Use this form for access to the Provost Report System.

To run Financial Reports from the Provost Report System, a user must have an FRS form (F01) on file.

SECTION 1: Identification of User

Name:	Phone No.:
BRU-ID No.: <small>(9 digit from Brown Card)</small>	Box No.:
Status: <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Misc. <input type="checkbox"/> Other <small>(If 'Other', indicate affiliation with Brown, such as 'Contractor')</small>	Expiration Date: <small>(If 'Other' is checked - M / D / YYYY)</small>
Department Name:	Department No.:
Username:	

SECTION 2: General Information

Please indicate the information services you need to access:

<input type="checkbox"/> Financial Reports <i>Requires Authorized Signature from Controller's Office</i>	<input type="checkbox"/> Faculty Reports (future use) <i>Requires Authorized Signature from Provost's Office</i>
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SECTION 3: Report Server Access

<input type="checkbox"/> CREATE new ID: _____
<input type="checkbox"/> CHANGE access of existing ID: _____
<input type="checkbox"/> DELETE existing ID: _____

Note that anyone accessing Brown's administrative systems is subject to all rights and responsibilities as outlined in CIS's "Acceptable Use Policy" for computing located at <http://www.brown.edu/cis/policy/aup.html>, which includes the following guidelines: "You may use only the computers, computer accounts, and computer files for which you have authorization. You may not use another individual's account, or attempt to capture or guess other users' passwords."

SECTION 4: Authorized Signatures

User's Signature: _____	Date: _____
Supervisor's Name: _____	<i>[please print]</i>
Supervisor's Signature: _____	Date: _____
Dept. Chair Signature: _____	Date: _____
Controller's Auth. Signature: _____	Date: _____
Controller's Office	
FMS Auth. Signature: _____	Date: _____
<i>(future use)</i> Director of Faculty Affairs	

For official use only:

	Responsible Party	Type of Set Up Notes / Comments:	Initials	Date
1	Controller's Office	ZSP Profile Verified		
2	CAP Office	Add to ADMIN ID system Set up completed:		
3	DBS Group	SQL ID for FRDW Set up completed: Auth ID: _____ Notes:		
4	Provost Office	Set up PRS Account Set up completed:		
5	CAP Office	Notify User All work completed:		



Directions for Completing the Provost Report System Form:

Section 1: Identification of User

The following are required fields. **PLEASE complete them all.**

Name	Please PRINT first name, middle initial (if one exists), and last name of user.
Phone No.	Give internal Brown phone extension or complete external phone number of the user.
BRU ID No.	Supply the user's nine digit employee number (listed on user's Brown ID.
Box No.	Provide the user's Brown box number.
Status	Check box that describes your relationship to Brown. If other, please indicate status within the University.
Expiration Date	If 'Other', you must enter last day of your assignment at Brown.
Dept. Name	Include the official name of the user's department.
Dept. No.	Use the FRP/HRS five digit departmental number.
Username	Enter your Username. Indicate whether you check email frequently. This will help us determine the best way to reach you.

Section 2: General Information

Indicate the information services you will need to access. Check Financial Reports which will require the Controller's office authorized signature in Section 4. The Faculty Reports will require the Director of Faculty Affairs signature in Section 4.

Section 3: Report Server Access

Check Create, Change or Delete for the appropriate access needed.

Section 4: Authorized Signatures

The person requesting this account must sign and date this form. The person's supervisor is also required to sign and date the form. **All signatures must be in ink; photocopies are not acceptable.**

The form should be sent directly to the Controller's office (Box J) once all signatures are complete.

Please allow three or four business days from the time the form is received in the Computing Accounts & Passwords office in CIS for the account request to be processed.

Questions?

If you have questions about filling out this form, direct them to the CAP at x3-7277 (on campus), 401.863.7277 (off-campus) or reach us by e-mail at CAP@brown.edu. Forms are available on the web at the CAP site, found at <http://www.brown.edu/cis/Forms/>.