



**Administrative Information Systems
Request for Access to > ZEKE / ZEBB**

Admin ID:
(to be supplied by CAP)

SECTION 1: Identification of User

Name:	Phone No.:
BRU-ID No.: <i>(9 digit from Brown Card)</i>	Box No.:
Status: <input type="checkbox"/> Staff <input type="checkbox"/> Other _____ <i>(If 'Other', indicate affiliation with Brown, such as 'Contractor or Temp Staff')</i>	Expiration Date: <i>(If 'Other' is checked - MM / DD / YYYY)</i>
Department Name:	Department No.:
Username:	

SECTION 2: General Information

Please indicate what the user needs to do using ZEKE/ZEBB that is the basis for this request:

SECTION 3: ZEKE/ZEBB Access

Existing ACF2 ID:

If you do not have an ACF2 ID, or if there will be changes to your access, fill out form #A01 and return with this form. **Choose ONE of the following three options:**

Create New Access
 Change existing access
 Delete access

Job Function - Check ONE of the following access types:

- End User Work Center Support** List all applications needed: _____ (U)
- End User Work Schedule Support** List all applications needed: _____ (V)
- End User Work Center & Schedule Support** List all applications needed: _____ (W)
- System Administrator** Level 1 support (A)
- System Administrator** Level 2 support (B)
- Security Administrator** (C)
- Data Base** (D)
- CIS Apps Development** (E)
- Support Services** Level 1 support (S)
- Support Services** Level 2 support (T)
- Operations Manager** (M)
- Operations Control** Level 1 support (O)
- Operations Control** Level 2 support (R)
- Operator Detail** Zoom () Event () Work () Doc () Var ()

User 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 Signature: _____	Date: _____
Appl. Auth. Signature: _____	Date: _____
Appl. Auth. Signature: _____	Date: _____

For official use only

ACF2 Operator ID: _____	Valid Until: _____
Class assigned: _____	
User ID assigned: _____	
Created by: _____	Date: _____
Reviewed by: _____	Date: _____
Notes: 	



Directions for Completing the ZEKE/ZEBB Request Form:

Section 1: Identification of User

The following are required fields. PLEASE complete them all.

Name	Please PRINT your first name, middle initial (if one exists), and last name.
Phone No.	Enter your internal Brown phone extension or complete external phone number.
BRU ID No.	This is the nine digit number listed on your Brown ID (NOT your social security number).
Box No.	Please include your Brown box number.
Status	Check box that describes your relationship to Brown. If 'Other', i.e., anything other than a regular Brown employee, please indicate your status within the University, such as 'Contractor'.
Expiration Date	If 'Other', you must enter the last day of your assignment at Brown.
Dept. Name	Include the official name of your department.
Dept. No.	Use your 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 what the user will be doing with the requested access. Please be specific enough to assist in determining which screens are appropriate for the use. Please be sure to complete this information in order that access can be approved

Section 3: ZEKE/ZEBB Access

ACF2 ID

List existing ID. If you do not have an existing ACF2 id, please fill out form #A01 with all necessary signatures and attach.

Job Function

Select which of the functions reflect the action the user needs taken. In the End User support functions section, indicate which applications are needed.

Section 4: Authorized Signatures

The person requesting this account should sign and date this form. The Supervisor also needs to sign and date the form. **All signatures must be original and in ink.** The form should be sent directly to: CAP, Box 1824, to obtain an authorized signature for ZEKE/ZEBB access and processing.

Please allow three or four business days from the time the form is received in the Computing Accounts & Passwords 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.