

| Type of Access: | Report Only | Employee Data Entry | Full Administrator | |
|---|--|---|-----------------------|--|
| <u>Report Only</u> – Has access to run Compliance Reports <u>Administrator</u> – Can access all of the Administrative Tabs | | Employee Data Entry – Can add new employees and update Full employee information in the Data Management Tab | | |
| Requesting Department Name: | | Dept ID: | | |
| UND Division: | | | | |
| | | First Name: | | |
| UND Email: | | Phone: | | |
| I agree that I will only u VectorSolutions system | n as necessary. oading content, and ch | orting purposes and adding nev anging access for others is r | | |
| Signature: | | Date: | Date: | |
| Justification for needing | g access: | | | |
| Access needed: Access Requested: | Full Department <u>Dept ID/Name</u> | Partial Department <u>Job Codes</u> | | |
| Department Authorized | Signature (Dean/Dept. Head/Alterr | nate): | | |
| Department Authority (please print): | | Р | Phone: | |
| Please submit co | ompleted form to UND (| Office of Safety - Stop 9031; c | or UND.safety@UND.edu | |
| Final Approval | Section (for office use | only) | | |
| Comments: | | | | |
| Review Committee | Representative: | Date | e: | |
| Risk Management Officer (or Auth Rep): | | Date | : | |
| Access given: | Ву: | Date | 9: | |