University of Chicago - ITS/BIS
Enterprise Application Systems
Request for Delphi Planning Access & Other Assistance

1. Complete the User Info section. All fields are Required.
2. Complete and sign the Confidentiality Form on the following page as these applications contain confidential data.
3. Scan and email the completed signed form to Delphi-support@lists.uchicago.edu
4. The information will be validated and an email will be sent to you when the request has been processed.

Please check one or more boxes:

- Access to Delphi Planning as Budget Office User
- Access to Delphi Planning as Executive Level User
- SmartView Install
- One on One Help with Delphi Planning
- Delphi Budget Training
- SmartView Ad-hoc Training
- Delphi Forecast Training
1. Your login ID(s)/password(s) are unique to you as a user of Delphi Planning. Your login ID(s)/password(s) must be kept confidential. Your login ID(s)/password(s) replace your handwritten signature and are legally equal to a handwritten signature.

2. Your login ID(s)/password(s) are necessary for you to perform your job, so you must memorize them and store any written login ID(s)/password(s) in a secure place.

3. If you suspect that someone else is using your login ID(s)/password(s), or if your password card has been lost or stolen, you must immediately notify your supervisor and request a replacement.

4. If you undergo a status change of any kind (job description, job title, name, promotion, resignation/termination), remind your supervisor to inform the appropriate central office(s) so that the information can be updated.

It is requested that the above mentioned user be given access to the University’s Delphi Planning System for the above requested exec(s) specified on the corresponding attached data access forms.

Employee Statement

I understand the University’s policy on the necessity for security of computer login ID(s)/password(s). I have read and understand the four (4) points listed above and will handle my login ID(s)/password(s) as stated.

I also understand the University’s policy on maintaining the confidentiality of information. I have read and understand the Employee Manual and Personnel Policy #U601.01, regarding Treatment of Confidential Information. I understand that all of these policies apply to me and that my failure to observe these policies may result in disciplinary action, including but not limited to, discharge.

Finally, I understand that a signed copy of this form, Access to Confidential Information Authorization Form, will be placed in my personnel file.

__________________________
Employee Signature        Date

__________________________
Supervisor Signature       Date