Automic Application Manager

User Access Request Form

Enterprise Application Services

How to Submit This Form:

1. Complete all required fields (*) in Sections 1–6, including the Confidentiality Agreement signature.
2. Obtain Supervisor and Data Owner signatures in Section 6.
3. Save as PDF, then log in to the TeamDynamix portal.
4. Open a ticket under Application Manager – Access Request and attach the signed form.

SECTION 1 — Request Type

○ Grant Access ○ Remove Access ○ Modify Access

SECTION 2 — Requestor Information

Full Name *

Job Title *

Email Address *

Phone Number

SECTION 3 — Department

☐ UGA — Undergraduate Admissions
☐ GRA — Graduate Admissions
☐ STU — Student (Rec/Registrar)
☐ FA — Financial Aid
☐ SA — Student Accounts
☐ FIN — Finance
☐ HR — Human Resources
☐ GEN — General / Shared
☐ Other:

SECTION 4 — Access Role by Environment

Select one role per environment. Leave blank if no access is needed in that environment.

TEST Environment	PRODUCTION Environment
○ **Operator** *([DEPT]-Operator)* Run, monitor, manage, submit jobs.	○ **Operator** *([DEPT]-Operator)* Run, monitor, manage, submit jobs.
○ **Developer** *([DEPT]-Developer)* Build & test jobs. TEST only.	
○ **Administrator** *(AppManager Admin)* Full system access. EAS/IT staff only.	○ **Administrator** *(AppManager Admin)* Full system access. EAS/IT staff only.

* Administrator is typically reserved for EAS / IT staff. Departmental requests require additional written justification.

SECTION 5 — Business Justification

Provide the business reason for this access request:

SECTION 6 — Confidentiality Security Agreement & Signatures

I understand that access is being requested to a service(s). If approved, I will treat all information as sensitive and/or confidential unless informed otherwise. I will not share accounts and passwords provided to me with anyone. I will ensure that information is properly secured in electronic, written, and/or printed format and will only disclose the information when authorized. I will not perform an illegal or unauthorized activity(s) that would cause harm directly or indirectly to the University network, data, and/or information technology. I will abide by federal and state regulations, industry standards, and University policies and standards.

By signing below, I agree to the Confidentiality Security Agreement above.

Requestor Signature *

Printed Name *

Date *

Required Approvals — Printed Name, Date, and Signature:

Supervisor / Department Manager	Data Owner / Department Head
Printed Name:	Printed Name:
Date:	Date:
Signature: _____	Signature: _____