# UR Device Outline

Information Management and Policy Services (IMPS)

# Access to user accounts

request form

This form should be completed prior to requesting access to IT accounts, communications and/or other data stored within University staff accounts or IT equipment, including any peripheral devices used for University business.

Where access to the accounts of staff are deemed justified and necessary, completion of this form is required before access will be granted. The purpose of this form is to ensure that all access and monitoring will comply with the Data Protection Act 2018 (DPA), the General Data Protection Regulation 2016, the Human Rights Act 1998 (HRA), the Regulation of Investigatory Powers Act 2000 (RIPA), and any other applicable laws and regulations.

Please complete Section 1 and then forward this form to your HR Partner to complete section 2. HR will take advice from the IMPS team if necessary and then send the request to IT.

This form should not be used for requests to access student accounts. Requests for access to student accounts should be routed through the relevant department dealing with any student disciplinary, complaints, academic engagement, fitness to study or practice proceedings, or the relevant Head of School.

## Section 1: Details of Request

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1.1 REQUESTING PERSONS details | | |  |  | |
| Name | Click here to enter text. | Date of Request | | | Click here to enter text. |
| Employee number | Click here to enter text. | | | | |
| School/Function | Click here to enter text. | | | | |
| Job Title | Click here to enter text. | | | | |
| Relationship to account owner | Choose an item. | | | Click here to enter text. | |
| Please confirm the following have been conducted prior to the request being made (check box)  Please Note, all of the following are considered mandatory unless exceptional circumstances apply\* | Account owner asked to provide required data themselves if possible  Assessment of whether data required is time or business critical  All other possible sources of data exhausted  Account owner informed of access request and reasons for needing access | | | | |
| 1.2 ACCOUNT OWNER details | | |  |  | |
| Name | Click here to enter text. | | | | |
| Employee number | Click here to enter text. | | | | |
| Please detail below what information you require access to. Please give as much detail as possible including location of data and types of accounts or documents. | | | | | |
| Click here to enter text. | | | | | |

|  |
| --- |
| 1.3 REASON FOR REQUESTING ACCESS |
| Please clearly explain the circumstances and purposes for which access is needed. Please include an explanation of why the access is necessary to meet those purposes. Please advise on what alternatives to access have been considered, and the detriment to University operations should access not be made available. Please do not include any sensitive information regarding the account owner, for example, details of medical conditions or disciplinary matters.  \*Where there are exceptional circumstances that mean the account owner cannot be consulted or made aware of the account access request, please state them here. Examples could include where a staff member is ill or incapacitated. HR will consult the IMPS team in all instances where these circumstances apply. |
| Click here to enter text. |

|  |
| --- |
| SIGNATURE of requestIng persons |
|  |

By signing the above you are confirming that the above information provided is an accurate account of the circumstances and the justified purposes for access. Failure to fully declare reasons for account access may amount to an offence under the Data Protection Act 2018 or disciplinary proceedings. If in doubt, please seek advice from HR.

**Please submit form to your HR partner**

## Section 2: to be completed by HR Partner

|  |  |
| --- | --- |
| 2.1 HR PARTNER AUTHORISATION | |
| Please delete as applicable\*  \* Following checks with HR to assess the suitability of granting account access to the above named individual, I hereby authorise the above account access to be granted. If there are any restrictions or limitations imposed for access, these have been listed on Appendix A.  \* Request not approved  Guidance: Where there are concerns regarding the above access request, please contact [IMPS@reading.ac.uk](mailto:IMPS@reading.ac.uk) for further advice. All requests for ***covert*** interception or monitoring of staff communications must be sent to the IMPS officer for review in the first instance | |
| Name | Click here to enter text. |
| Signature |  |

**Advice for HR**

Approved requests - please complete and send **Appendix A** only to [it@reading.ac.uk](mailto:it@reading.ac.uk)

Requests not approved - please send a copy of the form to IMPS for further advice.

|  |  |
| --- | --- |
| 2.2 IMPS OFFICE USE ONLY | |
| IMPS assessment (provide details) | Click here to enter text. |
| If access not granted, please detail reasoning | Click here to enter text. |
| Access Granted on | Click here to enter text. |
| Access valid until | Click here to enter text. |
| Signed |  |

## Appendix A: Instruction to IT

Once access is authorised the below should be sent to IT.

|  |  |  |
| --- | --- | --- |
| Type of account e.g. email, personal drive, shared drive | Click here to enter text. | Click here to enter text. |
| File path (if known/applicable) | Click here to enter text. | |
| Access granted for full account until Click here to enter text.  Access granted to limited targeted emails or documents (enter details below) | | |
| Sent and/or received between (enter dates) | Click here to enter text. | Click here to enter text. |
| Between named individuals (enter email addresses, separate with a space) | Click here to enter text. | |
| Keywords (separate with a space) | Click here to enter text. | |
| Additional Information (please provide any details that will assist IT in locating the relevant documents or accounts) | Click here to enter text. | |

|  |  |
| --- | --- |
| IT Office Use Only | |
| Note: If any information required by IT to enable the access is outstanding or left blank, please return the form to HR with advice. Any residual concerns should be referred to the IMPS officer for further review. | |
| Access actioned by (enter name and user ID) | Click here to enter text. |
| Access granted on (enter date) | Click here to enter text. |

**Request forms to be stored in Topdesk.**

**Access to user accounts advice note**

**Human Resources**

On receipt of the request form:

Section 1.1

If all 4 check boxes are ticked, IMPS do not need to be consulted. Granting of access will be subject to HR assessment of circumstances, for example if linked to disciplinary issues or aggravating factors involving the requestor and account owner. Send the completed Appendix A only to IT to grant access.

If all 4 boxes are not ticked refer to IMPS for advice. IMPS will complete 2.2 with advice and return to HR.

Copies of declined requests to be stored in HR.

**IT**

On receipt of the request form:

If any information needed to perform the access request is missing please return to HR with advice.

If all required information is present, grant access and complete Appendix A IT sign off. Copy of completed requests to be stored in Topdesk.

**IMPS**

On receipt of the request form:

Complete 2.2 and return to HR with advice.