InPlace Restricted Role Request Form

Download this form and open using **Adobe Acrobat/Reader** to **Fill & Sign it** (you will need a **Digital ID** to sign this form). Save your completed form then follow the approval instructions to forward your request.

BEFORE YOU BEGIN: Read the Placements Access page and view the **Permissions Matrix** for details about InPlace Roles and speak directly with your School/Faculty Super User or line manager about your access needs. This form is ONLY for requesting access to **RESTRICTED** roles requiring elevated approval.

Section A – REQUESTOR DETAILS			
UQ Username		Name	
Position Title		Faculty or School	
Discipline(s)			

Section B – RESTRICTED ROLES			
Please discuss your role requirements with your supervisor before proceeding.			
☐	**School/Faculty Super User (SFSU)**	☐	**Partner Sync – Integration**
☐	**System Admin Super User**	☐	**Import Manager Access**
☐	**ASD Reporting**	☐	**Student ListALL**
☐	**Manage Attributes**		
☐	**Create Student**	For UQ staff processing External Non-UQ Placement Students.	
☐	**Affiliate Staff**	External staff with UQ accounts not auto imported. Needs approval for manual account creation. Once active, approving SFSU will supply Standard Role/s needed (no Restricted Roles allowed for Affiliates).	
Justification for Restricted Role *Required or request will not be processed			

Section C – REQUESTOR PERSONAL AGREEMENT

I have liaised with my:

☐ School/Faculty Super User ☐ Faculty Manager ☐ Head of School

to ensure the access requested is appropriate for my duties.

If requesting School/Faculty SuperUser Role:

☐ I confirm I will be responsible for:

- Enabling Standard Roles on users I may approve in future.
- Disabling Standard Roles for users I have approved if/when those users leave their position.

I have read and agree to abide by the conditions detailed in the following policies:

Code of Conduct | Privacy Management | Data Handling Procedures | Acceptable Use of UQ ICT Resources

Sign with Digital ID:		**Click to forward to SFSU/HoS/Faculty Manager for approval** This will open a new email with the form attached. Please update the "To" address to send to your approver.

Section D – SCHOOL/FACULTY SUPERUSER / FACULTY MANAGER / HEAD OF SCHOOL APPROVAL

I confirm this applicant's requested access is required to undertake the duties of their job.
I confirm I am responsible for delivery of training to match their access request.

Sign with Digital ID:		**Click to send to InPlace System Owner for approval.**

Section E – SYSTEM OWNER / PLACEMENT MANAGEMENT GROUP CHAIR APPROVAL

Sign with Digital ID:		**Click to send to IT Services for processing.**