



University of Massachusetts Amherst PeopleSoft 8.9 Financial Data - Access Request Form

Name	Employee ID
Dept Name	Campus Address
Email Address	Dept Phone
UMass Employee ____ Student Employee ____ Consultant or Temporary ____	
If Access should be temporary, please note start and end dates: ____ Start Date ____ End Date	

Access Requested

Do you have or have you had an operator id to the Financials? If yes, please specify _____

I understand and will abide by the University's Computing Awareness and Data Security Compliance Guidelines (Doc. T97-010; Doc. T99-061). If the File Custodian has additional policies for usage of the data, I will abide by those policies. I also understand that any logon id/passwords I use to access University data is confidential and should not be shared, and that I am responsible for creating secure passwords.

Requestor's Signature: _____ Date _____

Model this user's Financials access after

Name	Operator Id (if known)
Has the previous operator? ____ left the University employ ____ transferred to another Dept	
Date to be removed	Operator Id (if known) New Dept.

NOTE: If access is modeled after another user, the following grid can be left blank. If access is NOT modeled after another user and access is an Add or Change, please place a check mark to the right of the Job Function you perform:

Job Function/Role	Requirements	Add	Delete	Date of Training
REQUISITION DATA ENTRY	Training Mandatory			
REQUISITION APPROVER	Cannot be a Receiver			
PO RECEIVER	Cannot be an Approver			
PROCARD PROXY	Training Mandatory			
FINANCIALS INQUIRY				
GENERAL LEDGER REPORTING				
GRANT REPORTING				
SUMMIT REPORTING	<input type="checkbox"/> Department <input type="checkbox"/> Research <input type="checkbox"/> PI			
TRAVEL AND EXPENSES*				
Additional Job Function/Role	Requires special approval			

*You will need to contact the Travel Office to set up employees for whom you process travel.

Access to which Deptids /Tree Node (can enter multiple values)	Location Bldg, Floor, Room #	List Dept ID/Tree Node Authorized to Approve Receives Worklist

Department Approval: _____ Date _____
Please Print Name: _____

Completed Requests should be sent to Security Administrator, A&F Systems, 150 Whitmore for approval.

Security Administrator Approval: _____ Date _____ Entered: ____

____ LDAP ____ Requester ____ Oper Preferences ____ Row Level Security ____ Workflow ____ Liaison ____ Training