

UCF Financials

Access Request Form

Please read the <u>instructions</u> before completing the form.

Approver must verify from the employee that he/she has completed the required courses before filling out this form.

| Access requested for | • | | | | | | |
|--|---|-----------------------------------|--|---|--------------|---|---|
| Last Name: | | First Nan | ne: | | MI: | Status: | |
| PID: | EMPLID: | E | -mail: | | | Eff. Date: | |
| Dept. Name: | | | | Dept. #: | | | |
| Location Code: (Decal# on your office door) | | Phone | : | | Fax: | | |
| The above-named employee ha University of Central Florida. He prohibited. He/she understands disciplinary action up to and inc | s/she understands that this a that improper or illegal use i | ccount is for may result in | use in adminis | trative support. Any o | ther uses of | f this account are strictly | |
| Required Action: (Sele | | Add | Change | Delete | | | |
| * Is the new employee replacement of the second of the sec | Note | | | emoved from the U ease fill out the box be | | es: No: | |
| Deactivate the followin Last Name: | g user: | | First Name | | | MI: | |
| | EMPLID: | E . | mail: | ٠. | Ef | f. Date: | |
| Dept. Name: | EIVIPLID. | E-1 | IIIaII. | Dept. #: | | Date. | |
| NOTE: Fill out the box below Model this user's acces | | | | current user. | | | |
| Name: | | PI | ID: | | EMPLID: | | |
| Dept. Name: | | | | Dept. #: | | | |
| Location Code: (Decal # on your office door) | | | E | -mail: | | | |
| Access Requested (You Accounts Payable: Access Name Manager Pay Cycle Processor QA Auditor QA Auditor Supvr. Vendor Create/Update Vendor Correction WF-Approve >1k vchr WF-Review 749999 WF-Approve <1k WF-Asset Approve WF-Review Voucher WF-Travel 1k Approve WF-Approve Whold 1099 Inquiry | Access Nar Manager Approve PO Buyers Create Cont Create PO ProCard Add Close Req's PCard Proce Receive Apprv/Updt Create/Updt Vendor Crea | racts min /PO's essor Req's Req's | General Add Add But Bat Sut Add NV Pat Inv. WI | ral Ledger: cess Name ministrator anager dget Administrator nk Manager pervisor countant ision Report Run yroll Inquiry roice Tracking Mgr. roice Tracking Inq Approver | g out the s | Asset Management: Access Name Administrator Interface Manager Inventory Manager Property Manager Self-Service Admin Location Create/Updt AM Processor Trans Processor | r |
| Signature Name: Dept. #: E-mail: | | Date | - | Asso | | iller Signature | _ |
| Phone: | | | | | Dat | е | |

Instructions

- 1) Enter user's information in "Access Requested For" box.
- 2) Under **Eff Date** (Effective Date), specify the date when the user's security access in UCF Financials will take effect.
- 3) Select only one action from **Required Action** table.
- 4) Approver must fill out "**Deactivate User**" only if the request is for a new user who will replace a current UCF Financials user.
- 5) Approver must fill out "**Model this user's access after**" only if security access for the user will be modeled after (made identical to) another current UCF Financials user.
- 6) Requester can have multiple module access and is not limited by only one module.
- 7) Manager/Supervisor must sign the form.
- 8) A signature from an Associate Controller is required.
- 9) Manager/Supervisor are responsible for faxing the signed and completed form to 407-882-1211.