

PeopleSoft Finance System

User Access Request Form

For Requesting, Changing, or Removing Access to PeopleSoft Finance System

Action Requested:

New User

Change Access

Lock User

Last Name:	First Name:	Department:
Bronco ID (Numeric):	E-mail Address (Bronco Name):	Phone Extension:
Effective Date of Action:	Working Title:	
Check Access Requested (check all that apply):		
Campus Community	Central Processing	Technical
<input type="checkbox"/> Trial Balance Report <input type="checkbox"/> Vendor/Voucher Inquiry <input type="checkbox"/> HR Only – Salary Advance <input type="checkbox"/> Clone new account after: _____	<input type="checkbox"/> Accounts Payable <input type="checkbox"/> Accounts Payable Processing <input type="checkbox"/> Asset Management <input type="checkbox"/> Budget <input type="checkbox"/> General Accounting <input type="checkbox"/> Journal Entry <input type="checkbox"/> Purchasing Management <input type="checkbox"/> Purchasing Processing <input type="checkbox"/> Receiving	<input type="checkbox"/> Application Admin <input type="checkbox"/> DBA <input type="checkbox"/> Help Desk <input type="checkbox"/> PeopleSoft Admin <input type="checkbox"/> Security Admin <input type="checkbox"/> Web Tools Support Miscellaneous <input type="checkbox"/> Query <input type="checkbox"/> Reporting Network Drive Access (\\files.) <input type="checkbox"/> win.csupomona.edu\apps\iit_ps (T:\) <input type="checkbox"/> win.csupomona.edu\apps\iit_pslocal (S:\)
<input type="checkbox"/> Other (Please describe): _____		
Statement of Information Access Access to the financial information is authorized to campus officials and employees who have legitimate interest or need in such access. The unauthorized use, modification, deletion, or distribution of the information in the PeopleSoft Financials System is prohibited. An employee will be subject to disciplinary action if he or she violates this policy.		

I hereby certify that I have read and understand the Statement of Information Access. In addition, I understand that my operator ID and password are to be kept confidential, and that if I share this information, my ID will be revoked and I will be subject to disciplinary action.

Requested by: _____ Date: _____
 Signature Print Name

Approved by: _____ Date: _____
 Signature Print Name
 Vice President / Dean / Administrator / Manager

Please return this completed form to **Annie Zhao** (x3191) (awzhao@cpp.edu) in University Accounting Services (121-East-2143). Please allow five working days for this request to be processed.

For PeopleSoft User Access Administrators Use Only	
Functional Administrator Signature: _____	Date: _____
Security Administrator Signature: _____	Date: _____