

LANCERPOINT FINANCE (REQUISITION AND BUDGET) ACCESS FORM*



Please complete this form, in its entirety, and return to the Fiscal Services Department. Failure to do so may result in delay of your request.

ROLE			
<input type="checkbox"/> Requisitioner	<input type="checkbox"/> Approver	<input type="checkbox"/> Organizational Code Manager	
REQUEST TYPE			
Effective Date:	<input type="checkbox"/> CREATE NEW USER	<input type="checkbox"/> DELETE USER	<input type="checkbox"/> NAME CHANGE
		<input type="checkbox"/> EDIT USER	
<input type="checkbox"/> Other: If additional space is required, please attach a separate sheet including justification:			
EMPLOYEE STATUS			
<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Termination	Date of Termination:
EMPLOYEE INFORMATION			
User ID: <small>(8 digit LancerPoint ID - If unknown contact ITS)</small>			
Last Name:		First Name:	Middle Initial:
Phone Number:		Email:	
Division Name and Org Code:			
DATA ACCESS RESOURCES			
<input checked="" type="checkbox"/> Finance General Access for all Users of Finance -----(USR_FI_GENERAL_G) - Automatic Access			
<input type="checkbox"/> Finance Requisitioner ----- (USR_FI_REQUISITIONER_G)			
<input type="checkbox"/> Finance Approver ----- (USR_FI_APPROVERS_G)			
<input type="checkbox"/> Finance Receiving ----- (USR_FI_RECEIVING_G)			
<input type="checkbox"/> Budget Transfer Liaison ----- (USR_FI_JV-ENTRY_G)			
<input type="checkbox"/> Read Only Permission		<input type="checkbox"/> Ability to Modify Permission	
<input type="checkbox"/> Complete Access to All Cost Center within the Department.			
<input type="checkbox"/> Limited Access (Please complete the following).			
DEPARTMENT ORG CODES		DEPARTMENT FUND CODES	
AUTHORIZED APPROVER'S SIGNATURE (ORG CODE MANAGER/ BUDGET MANAGER)			
<small>(TYPE NAME)</small>	<small>(SIGNATURE)</small>	<small>DATE</small>	
DELIVER TO: FISCAL SERVICES ROOM C203			
FISCAL SERVICES USE ONLY		INFORMATION TECHNOLOGY SERVICES ONLY	
Fiscal Services Staff:		Information Technology Staff:	
Date Received:		Date Received:	
Date Entered:		Date Entered:	
Date Completed:		Date Completed:	
Comments:		Comments:	
Additional Form Access			
FORM NAME	QUERY or MODIFY		

FORM MAY BE REVISED BASED ON THE NEEDS OF THE DISTRICT.
ALLOW FIVE (5) BUSINESS DAYS FOR PROCESSING