CS Student Financials / Item Type Data Security Request Form

Please Note: This is a required form to gain access to the PeopleSoft system, and must be requested by the employee’s manager. No employee may request access for themselves. For transferring employees, a separate form must be completed from the Campus and/or Department transferring FROM and TO in order to modify access in both areas. This request must be made in advance of the Effective Date of the personnel action.

**Business Unit(s):**

***Security is granted by Business Unit. If you need security access to more than one Business Unit, please specify multiple Business Units.***

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| **EMPLOYEE INFORMATION SECTION:** |
| Last Name: First Name: |
| Empl ID: Job Title: |
| Business Unit / Campus: Dept. Name: |
| Work Phone: Ext: email address: |
| **CONFIDENTIALITY STATEMENT (Must be signed by the Employee):** |
| I understand that the data obtained from any system is to be considered confidential and NOT to be shared with anyone who is not authorized to receive such data.  I understand that I am individually accountable for the use of my User ID in the system. Improper use of my User ID could lead to revocation of access rights and further disciplinary proceedings in accordance with policies, rules and regulations, and applicable collective bargaining agreements.  Employee’s Signature: Date: |

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| **Managerial Approval:** | |
| Business Unit: | Department: |
| Requesting Manager Last Name: | First Name: |
| Requesting Manager Signature: | Date: |

# Check to remove ALL access to Item Types

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Item Type Description*** | ***Add*** | | ***Remove*** | |
| Bursar & Assistant Bursar |  | |  | |
| Head Cashier |  | |  | |
| Cashier |  | |  | |
| Post |  | |  | |
| Refunding |  | |  | |
| Third Party |  | |  | |
| Financial Aid |  | |  | |
| Collections |  |  |  |  |

***Note:*** *This request is solely for Item Type Data security. Access to other Campus Solutions functionality must be submitted separately via the Campus Solutions access request form.*

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| **FOR EMPLOYEE:** | |
| Last Name: | First Name: |
| Date of Security Activation: **OR:** | Date of Security Deactivation: |

|  |  |
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| **BURSAR PERSONNEL - MANDATORY Approvals:** | |
| **Campus Bursar (Student Financials)** – Campus Approval: | |
| Last Name: | First Name: |
| Signature: | Date: |
| **University Bursar (Student Financials)** – Central Approval: | |
| Last Name: | First Name: |
| Signature: | Date: |
| **Dir. of Rev. Mgmt. (Student Financials)** – Central Approval: | |
| Last Name: | First Name: |
| Signature: | Date: |

|  |  |
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| **FINANCIAL AID PERSONNEL - MANDATORY Approvals:** | |
| **Campus Bursar (Student Financials)** – Campus Approval: | |
| Last Name: | First Name: |
| Signature: | Date: |
| **Office of Student Financial Aid** – Central Approval: | |
| Last Name: | First Name: |
| Signature: | Date: |
| **Dir. of Rev. Mgmt. (Student Financials)** – Central Approval: | |
| Last Name: | First Name: |
| Signature: | Date: |

*\*****For Campus:*** *This access is* ***NOT granted or removed*** *by campus ASL.* ***ESCALATE*** *completed request with mandatory approvals to CIS.*