



**Administrative System
User Access Security Form
Requisition/Procard Reallocation/
Financial Reporting
New/Change/Disable**

Instructions for completing this form:

- This form must be completed by the Supervisor or PI.
- Special circumstances must exist for a person to be both a requisitioner and an approver.
- Training is required for all new user access; prior scheduling must be set up with Kirk Hellmuth (X 8085)
- Please email/send form to Suzanne Audet (saudet@umassd.edu), Foster Administration Building, Room 224.
- Incomplete form will result in return of form.

Section 1 – Type of Request (Place an X beside the desired action)

<input type="checkbox"/> New User Account	<input type="checkbox"/> Change of Existing Access	<input type="checkbox"/> Disable Account
<input type="checkbox"/> Temporary Disable Dates	From:	To:

Section 2 – General User Information

Name		Phone	
Email			
Home Department Name and Number			
Location		EmpID (Required)	

Section 3 Purchasing (Place an X beside the desired action)

<input type="checkbox"/>	Requisition Data Entry Operator	Training Date: (Required)	
<input type="checkbox"/>	Shopper Data Entry Operator	Training Date: (Required)	
<input type="checkbox"/>	Requisition Approver	If selected, please complete section 4	
<input type="checkbox"/>	Rpt/SUMMIT	If selected, please complete section 4	
<input type="checkbox"/>	Procard Re-allocation	If selected, please complete section 4	

Section 4- Department Security Access: (list department(s) to which this user can have Requisition Approver, or Reporting, and/or Procard re-allocation access):

Req Approver	Rpt/SUMMIT	Procard Re-alloc	Department Name	Department Number (Required)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Department Head _____ Date: _____
or Supervisor: (Print Name) (Signature)

Data Custodian: Suzanne Audet _____ Date: _____
(Print Name) (Signature)