



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



Instructions for completing this form:

- This form must be completed and approved by the Supervisor or PI. **(Users cannot approve their own access)**
- 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 the Financial Reporting Manager (X 8072)
- 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 (Please check the box of the desired action)		
New User Account	Change of Existing Access	Remove Access

Section 2 – General User Information	
Name	
Email	
Phone	
Home Department Name & Number	
Location	
EmpID (Required)	

Section 3 Purchasing (Please Check the boxes of the desired action)			
Shopper Data Entry Operator	Shopper - Chooses items to be purchased via BuyWays system (Cannot Submit Shopping Cart)		
Requisition Data Entry Operator (Training Required)	Requisitioner - has permission to shop and submit a shopping cart for approval		
Requisition Approver (Training Required)	Approver - reviews and approves requisition	Training Date: (Required) Please Enter In The Field to the right →	
Reporting/SUMMIT	Access grants user ability to run Financial reports via People Soft and Summit		
Procard Re-allocation If this box is checked off please enter it in the Procard holders name field	Access grants user ability to process Procard Transactions. Please list which departments access is needed for in section 4 below	Enter ProCard Holders Name In The Field to the right →	
Expense Manager	Access grants user ability to approve employee expense reports. Please list which departments access is needed for in section 4 below		

Section 4- Department Security Access: (list department(s) to which this user can have Requisition Approver, or Reporting, and/or Procard re-allocation access): (Place an X beside the desired action)					
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Req Approver	Reporting/SUMMIT	Procard Re-allocation	Expense Module	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"/>		

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

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