



IT Administrative Applications Access Request Form

Section 1: Employee Information

Please complete this form and return it to the IT Help Desk (Schulz). A confirmation email will be sent to the employee and appropriate administrator upon completion.

Name (First M. Last)

Employee ID

Email Address

Work Phone

Department

Position/Job Function

Section 2: Access Request Information

System(s) you are requesting access:

MyHR/PeopleSoft

HR (Human Resources)

MySSU/PeopleSoft

SA (Student Administration)

CFS

Finance

CASHNet

Dept Deposits/Cashiering

OnBase

Doc Indexing & Retrieval

BASIS/OnGuard

Electronic Key Control

Mirror Existing Access: If known, please list the name of an existing or prior PeopleSoft user that the individual requesting security should mirror.

Name (of employee's access to mirror)

Employee ID (of employee's access to mirror)

Below, list specific access requests: Role(s), Specific Department #(s), ProCard Reconciliation, Business Units (if applicable), job functions, business justifications, etc.

My signature below certifies that I am being granted access to information system(s) indicated above because it is a requirement to perform the daily operations of my position. My access levels are being set based on job requirements of my position at Sonoma State University. I hereby agree to only use the access and information contained within the system(s) for University business purposes only and will not disclose any information to others that are not appropriately authorized.

Print Name (Employee)

Signature

Date

My signature below certifies that the above named employee requires access to data in a computer-based information system because such data is relevant and necessary in the ordinary course of performing his/her job duties. I understand my obligation to provide training to this employee to ensure that he/she understands the state and federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records including data accessible through computer-based information systems.

Print Name (Appropriate Administrator)

Signature

Date

Section 3: For Official Use Only

Joseph Montalto

CMS Security Administrator

Signature

Date

Chief Information Officer

Signature

Date

David Crozier

University Controller, Administration and Finance

Signature (Only Required when "Update Access" is Requested to CFS)

Date