FINANCIAL SYSTEMS AUTHORIZATION FORM

Employee Name: _____

Title: _____

Department: _____

Email: _____

Full Tel. No.: _____

Location: _____

SUNY Portal User ID: _____

Finance System access requested: _____

Accounting Unit(s) requested (if applicable):   _____   _____

                 _____   _____   _____

                 _____   _____   _____

Employee Signature: _____   Date: _____

Dept. Head Approval Signature: _____   Date: _____

Dept. Head (Print name): _____   Title: _____

Please forward this form to the Office of Financial Management for final approval and processing. This form will **not** be processed by Financial Management **without** approval by the Employee and Department Head or Supervisor.

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For Financial Management use only:

Date Received: _____

Approved By (Print name and sign): _____   Date: _____

If not approved, reason for rejection: _____

If approved, date request was completed: _____

Instructions for Completing the Financial Systems Authorization Form

Line on Form	Response Required
Employee Name, **Title,** **Department,** **Email**	Provide the name, title, department, and email address of the individual for whom access is being requested.
Full Tel. No.	Provide the telephone number with area code of the individual for whom access is being requested. Note: The extension alone is not sufficient.
Location	Provide the building and Office Room number of the individual for whom access is being requested.
SUNY Portal User ID	Provide the NetID of the individual for whom access is being requested. Note: If you do not know your NetID, please go to: https://www.downstate.edu/netidlookup/index.html
Finance System access requested	Provide the system(s) to which access is being requested (e.g., BI, PayServ, SUNY FMS, SUNY HR, SFS, etc.)
Accounting Unit(s) requested	List the Accounting Unit(s), also known as SUNY Account, to which the user needs access
Employee Signature and Date	Signature of the individual for whom access is being requested, and the date on which the signature was obtained.
Dept. Head Approval Signature and Date	Signature of the individual to whom the access requestor reports, and the date on which their signature was obtained.
Dept. Head Print Name and Title	Print the name of the individual to whom the access requestor reports and their title.