



Instructions: Fill out the form from your computer then print for signature then Scan completed form and email to Lawsonsupport@Downstate.edu. If form is not filled out electronically it will not be accepted.

LBP USER ACCESS: Form to request to ADD/DELETE or CHANGE in Lawson System

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Questions: Please contact Lawson User Support @ 718-826-8023

Transaction Type: Please check one Add User Change User Information Delete User

Full Time Employee Information only: Please fill in all fields **Note:** User can not approve own form

Date:		Manager's Name:	
Employee Name:		Manager's Signature:	
Downstate PC Network SUNYUHB Login ID:		(Required)	
Employee Title:		Manager's Phone:	
Department:		Manager's Email:	
Employee Email:		Hospital Name:	
Employee Phone:		Site / Campus:	
Last 4 of Employee Social Security # :			

Temporary Employee or Consultant Information only: Please fill in all fields

Note: User can not approve own form

Date:		Temporary Employee Phone:	
Temporary Employee Name:		Hospital Name:	
Estimated Length of service:		Site / Campus:	



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Downstate PC Network SUNYUHB Login ID:		Manager's Name:	
Social Security:		Manager's Signature: (Required)	
Title:		Manager's Phone:	
Department:		Manager's Email:	
Temporary Employee Email:			

Please Select Your Company:

11 Hospital 12 University OTHER _____

System Requirements:

Does the user have access to own PC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does PC meet minimum requirements? (Pentium III, 256 MB ram)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Computer Name? See Example below "INSVR030310DX04.uhb.downstate.org"	
Does user have Internet Explorer 6.02, 7.0 or 8.0? If not please list version	<input type="checkbox"/> Yes <input type="checkbox"/> No Version _____
Does User need Lawson Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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General Stores / Inventory Control Department only User Access Required:

<input type="checkbox"/> LBP	<input type="checkbox"/> LBP Dashboard	
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Budgeting Account Unit (SUNY Accounts) (e.g. 35138000 RESPIRATORY THERAPY)

If you aren't able to fit all of your cost centers in the space provided please contact Lawson User Support.

Please Indicate User Job Function:

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Please Indicate User Primary Purpose for Lawson Access:

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BUSINESS APPLICATION GROUP / FINANCE ADMINISTRATOR USE ONLY:

Date Received:	Circle: Portal
Lawson System Admin Approval: _____	
Finance System Admin Approval: _____	
Security Roles: _____	

Security Groups: _____	

Requester ID: _____	Approval Tree Code: _____
Dashboard: Yes / No	
Dashboard Roles: _____	
IS Lawson Security Officer: _____	Date actions completed: _____