



USER ACCESS FORM - ADMINISTRATORS

USER INFORMATION SECTION

NEW (if applicable, name of person you replaced) _____

CHANGE (specify date if termination) _____

Name: _____

User ID: _____

Department: _____

Location: _____

Email: _____

The user's signature on this form is acknowledgement that he or she will safeguard the system assets assigned to them and prevent unauthorized use of RF Business Applications

User Authorization

Date

ACCESS REQUEST SECTION

ORACLE BUSINESS APPLICATIONS (See Responsibilities List):

REPORT CENTER (Pick One): _____

[RF Report Center Dashboard Listing](#)

SEE DETAILED SALARY EXPENDITURES ON: RF Funded Awards Corporate Funded Awards

Pre-Award and Compliance System (PACS) (See Roles List):

ECRT (Effort Reporting): _____

AUTHORIZATION SECTION

Department Head must sign form. The Department Heads signature on this form is authorization to permit the user to access the computer system and confirmation that the user requires access to The Research Foundation's Business System to perform their job duties. The Department Head will notify the Campus Security Contact of the user's termination or transfer.

Department Head/Supervisor Authorization

Date



USER ACCESS FORM - ADMINISTRATORS

CAMPUS SECURITY ADMINISTRATOR USE ONLY

User Location

Report Center Access

Security Type Task Project Value

Security Value

Responsibilities

Access Labor Costing on Grants Module: RF Funded Awards
 Corporate Funded Awards