

# USER ACCESS FORM – [State Financial System \(SFS\)](#)

SFS is New York State (NYS) government’s accounting and financial management system used to manage contracts and payments.

Submit this form to [CustomerServices@rfsuny.org](mailto:CustomerServices@rfsuny.org). If you only need a password reset for SFS, please email [CustomerServices@rfsuny.org](mailto:CustomerServices@rfsuny.org).

## USER INFORMATION SECTION

**NEW** (if applicable, name of person you replaced) \_\_\_\_\_

**CHANGE** (specify date if termination) \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Location: \_\_\_\_\_

Email: \_\_\_\_\_

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ACCESS REQUEST SECTION

**Check your role and access request that corresponds to that role:**

(Bid = Proposal, Claims = Invoices)

Role (select one)	Access
<p><input type="checkbox"/> <b>I am a Principal Investigator/Program Staff</b> Check all that apply from the PI Access column.</p>	<p><input type="checkbox"/> Initiate Bids      <input type="checkbox"/> View Bids      <input type="checkbox"/> Create/Submit Progress Reports</p>
<p><input type="checkbox"/> <b>I am a Sponsored Programs Staff Member</b> Check the access that best aligns with your job function</p> <p><b>Note:</b> Any Sponsored Programs staff member who is responsible for multiple functions can request more than one of the responsibilities listed.</p>	<p><input type="checkbox"/> Initiate Bids      <input type="checkbox"/> View Bids      <input type="checkbox"/> Submit Bids</p> <p><input type="checkbox"/> Grants Contract Collaborator      <input type="checkbox"/> Grants Contract Editor</p> <p><input type="checkbox"/> Grants Contract Approver (Only check if user is authorized to sign contracts)</p> <p><input type="checkbox"/> Enter Claims      <input type="checkbox"/> Submit Claims      <input type="checkbox"/> View Claims</p> <p><input type="checkbox"/> Create/Submit Progress Reports      <input type="checkbox"/> View Progress Reports</p>

## AUTHORIZATION SECTION

*As the Sponsored Programs representative for your campus, you authorize this user to have access to SFS for your campus.*

\_\_\_\_\_  
**Sponsored Programs Representative Signature**

\_\_\_\_\_  
**Date**

## CENTRAL OFFICE ADMINISTRATOR USE ONLY

### SFS Roles
