Division Of
TECHNOLOGY &
COMMUNICATION

California State University | CHANNEL ISLANDS

Request Type:
Requestor: _____ Ext: _____ ☐New ☐Modify ☐Delete

Step 1: User Information – Appropriate Supervisor – Please verify this section.

Name (First M. Last) :   PS Employee ID :
Email Address :   Work Phone# :
Position/Job Function :   Department :

Step 2: Appropriate Supervisor – Please complete this section, review with the appropriate Security Lead, print, sign and return form to the T&C Helpdesk for assignment and processing.

CFS Security Role(s) Requested:

CFSCCI_EU_FinInquiry_02	CFSCSU_FS_DWReporting_02	CFSCSU_PT_PeopleSoft_User
CFSCSU_AP_Inquiry_01	CFSCSU_FS_DWReporting_03	CFSCSU_PT_Process_Monitor
CFSCSU_AP_ProCard_02	CFSCSU_PO_Inquiry_01	CFSCSU_PT_Query_Viewer
CFSCSU_FS_DWReporting_01	CSUCFS_AR_Inquiry_01	PAPP_USER

Other Role(s) Requested:

Business Unit Access (Circle business units requested)

Primary Permission List: (Administrative Use Only)

Completed CMS Access and Compliance Form: ☐ Yes   ☐ No

Appropriate Supervisor   Signature _____ Date

Step 3: Authorizations - Please obtain signatures before submitting form to the T&C Helpdesk

The employee identified above is approved and certified to receive the requested PeopleSoft access.

Lacey Lovejoy (Director, Financial Systems)   Signature _____   Date _____

PeopleSoft Security Administrator

Comments:

Print: _____   Signature _____   Date _____