



SUNY Administration Web and Webconnect User Access Form

(FORM UA)

NEW:
(OR ADDITIONAL)

CHANGE:

**REMOVAL
DATE:**

Complete this form to request that a new user be added to the system or if a change has occurred.
The user should complete the fields listed below on the form and sign.

Name: (Last, First, M.I.)

Building/Room: _____

Title: _____

Phone: _____ Department: _____

Email: _____

Effective Dates (Start and End Date, if applicable): _____

Copy Existing User Access (keep blank if not applicable): _____

Screens / Functions / Accounts Needed: (check all the apply)

SUNY Portal	<input type="checkbox"/>	FMS	<input type="checkbox"/>
B.I. Limited View (No Payroll)	<input type="checkbox"/>	FMS Approver	<input type="checkbox"/>
B.I. Full View (Includes Payroll)	<input type="checkbox"/>	FMS Requisitioner	<input type="checkbox"/>

Other (Ex. Campus Connect): _____

Will account manager changes be needed, Y/N? _____

If Yes, please list the changes: _____

Account(s): _____

Comments: _____

Signatures

User Signature _____ **Date** _____

The user's signature on the form is acknowledgement that he or she will safeguard the system assets assigned to them and prevent unauthorized use of SUNY Administration's computer system.

Supervisor Signature _____ **Date** _____

Supervisor must sign the form. The supervisor's signature on this form is authorization to add the user to the computer system and confirmation that the user requires access to SUNY Administration's computer system to perform job duties. The supervisor will notify the campus security contact of user termination or transfer.

Account Manager Signature _____ **Date** _____

Account manager must sign this form, if it is someone other than the supervisor or user requesting access. The account manager's signature on this form authorizes the user to gain the requested access outlined on this form.

VP for Administration Signature _____ **Date** _____

Vice President for Administrative Services must sign the form. This signature on this form is authorization to add the user to the computer system and confirmation that the user requires access to SUNY Administration's computer system to perform job duties.

Campus Security Contact Signature _____ **Date** _____

Internal Use Only:

Added to Workflow: _____ Account Manager(s) Updated: _____

Completed or Scheduled for B.I. Training: _____

Completed or Scheduled for Procurement Training: _____