

CUNYfirst Asset Management User Access Request Form - PRODUCTION

Please Note: This is a required form to gain access to the PeopleSoft system, and must be requested by the employee's manager. No employee may request access for themselves. For transferring employees, a separate form must be completed from the Campus and/or Department transferring FROM and TO in order to modify access in both areas. This request must be made in advance of the Effective Date of the personnel action.

Security is granted by Business Unit.

EMPLOYEE INFORMATION SECTION:

Last Name:	First Name:
CUNYfirst Emp ID *:	Job Title:
Business Unit / Campus:	Department Name:
Work Phone:	Ext:
CUNY email address:	

CONFIDENTIALITY STATEMENT (Must be signed by the Employee):

I understand that the data obtained from any CUNYfirst system is to be considered confidential and NOT to be shared with anyone who is not authorized to receive such data. I understand that I am individually accountable for the use of my User ID in the CUNYfirst system. Improper use of my User ID could lead to revocation of access rights and further disciplinary proceedings in accordance with CUNY policies, rules and regulations, and applicable collective bargaining agreements.

Employee's Signature: _____ Date: _____

Asset Management Functional Roles

Functional Role Description	Add	Remove
Asset Access - View Only		
Asset Insurance and Warranty Maintenance		
*Central Office Asset Management <i>(Central Office Employees ONLY)</i>		
Property Manager		

Primary Permission List and Row Level Security is Required

Only One Primary Permission List can be used for General Ledger and Asset Management

User's Primary Permission List & Row Level Security

(Check **ONLY ONE**)

- ☐ CUFSDPGLXXXALL (XXX = Campus Domain, e.g. LAG)
- ☐ CUFSDPGLXXX## (XXX = Campus Domain), (## = Campus specific BU, e.g. LAG02)
- ☐ CUFSDPGLCUNYALL (Central Office Only)
- ☐ Keep Existing (already a FIN user)

Approvals and Special Consideration

NOTE:

- Campus Applicants must obtain approval from campus Business Managers or VP of Administration
- Central Office Applicants must obtain approval from Central Office Controller/Deputy

Refer to the “Approvals” section of the form for signatures

FOR EMPLOYEE

Last Name:	First Name:
Date of Security Activation:	OR Date of Security Deactivation:

MANAGERIAL REQUEST

Business unit:	Department:
Requesting Manager Last Name:	First Name:
Requesting Manager Signature:	Date:

APPROVALS:

Business Manager Last Name:	First Name:
Business Manager Signature:	Date:
VP of Administration Last Name:	First Name:
VP of Administration Signature:	Date:
*Central Office Controller/Deputy Last Name:	First Name:
*Central Office Controller/Deputy Signature:	Date:

SPECIAL CONSIDERATIONS OR COMMENTS: (List additional roles required below)
