Payroll Reallocations Access Form

PART 1 IDENTIFICATION INFORMATION **Check one:** ☐ **New** ☐ **Transfer** ☐ **Change** ☐ **Suspend** ☐ **Delete**

Name: _____ **Title:** _____
(Please print)

Penn ID #:_____ **University extension:** _____- _____

Department: _____ **E-mail address:** _____

Intramural Address: _____ **Mail Code:** _____

As an individual whose position requires interaction with any or all of the University's administrative information systems, I may be provided with direct access to confidential and valuable data and/or use of data/voice systems. In the interest of maintaining the integrity of these systems and of ensuring the security and proper use of University resources, I will maintain the confidentiality of my password for all systems to which I have access. I will maintain in strictest confidence the data to which I have access. Any confidential information will not be shared in any manner with others who are unauthorized to view such data. I will use my access to the University's systems for the sole purpose of conducting official business of the University. I understand that the use of these systems and their data for personal purposes is prohibited. I understand that any abuse of access to the University's systems and their data, any illegal use or copying of software, any misuse of the University's equipment may result in disciplinary action, loss of access to the University's systems, and possible sanctions consistent with the University Policy on Adherence to University Policy.

Signature of Requestor: _____ **Date:** _____/_____/_____

PART 2 PAYROLL REALLOCATION ACCESS LEVEL

Access levels (If School/Center access is needed, list CNAC, otherwise list **only** ORG(s))

CNAC								
_____	☐ Add	☐ Remove	_____	☐ Add	☐ Remove	_____	☐ Add	☐ Remove
ORGS								
_____	☐ Add	☐ Remove	_____	☐ Add	☐ Remove	_____	☐ Add	☐ Remove
_____	☐ Add	☐ Remove	_____	☐ Add	☐ Remove	_____	☐ Add	☐ Remove
_____	☐ Add	☐ Remove	_____	☐ Add	☐ Remove	_____	☐ Add	☐ Remove
_____	☐ Add	☐ Remove	_____	☐ Add	☐ Remove	_____	☐ Add	☐ Remove
_____	☐ Add	☐ Remove	_____	☐ Add	☐ Remove	_____	☐ Add	☐ Remove

PART 3 APPROVING SIGNATURES

Please note: Requests will be returned if approving signature have not been obtained

Business Administrator: _____ Date: _____

Access Administrator: _____ Date: _____

SEND COMPLETED ORIGINAL FORMS TO:

FINANCIAL SYSTEMS & TRAINING APPLICATIONS GROUP
SUITE 318/322 FRANKLIN BLDG/6205

PART 4 FINANCIAL SYSTEMS WILL OBTAIN HUMAN RESOURCES SIGNATURE:

HR Authorized Signature: _____ Date: _____

PART 5 FINANCIAL SYSTEMS COMPLETES:

Training Completed on: _____ Access Granted on: _____

Financial Systems and Training Signature: _____ Date: _____