



University of Massachusetts Amherst Financial Data - Access Request Form

Name		Employee ID
Dept Name	Campus Address	
Email Address		Dept Phone
UMass Employee <input type="checkbox"/> Student Employee <input type="checkbox"/> Consultant or Temporary* <input type="checkbox"/>		
If Access should be temporary, please note start and end dates: Start Date _____ End Date _____		
I had access but have changed departments <input type="checkbox"/> I have never had access <input type="checkbox"/>		
*You must have both a Spire ID and an HR employee id to access Financial Systems		

I understand and will abide by the University's Data and Computing Policy Standards (General & University-wide) (<https://www.umass.edu/bot/policies>) and campus purchasing policies (<https://www.umass.edu/procurement/purchasing-policies>). If the Amherst Campus File Custodian has additional policies for usage of the data, I will abide by those policies. I also understand that any logon id/passwords I use to access University data are confidential, should not be shared, and that I am responsible for creating secure passwords. **If this form is submitted electronically by my department head***, my name, entered below, indicates I have read this statement.**

Requestor's Signature: _____ Date: _____

Job Function/Role	Add	Delete	Requirements	Date of Training
BUYWAYS				
REQUISITION ENTRY			Training Mandatory	
REQUISITION APPROVER			Cannot be a Receiver	
PO RECEIVER			Cannot be an Approver	
INQUIRY				
PEOPLESFT				
PROCARD REALLOCATOR			Training Mandatory	
TRAVEL AND EXPENSES			Training Mandatory	
FINANCIALS INQUIRY (incl. Summit)				
SUMMIT only (indicate dashboard(s)):				
Additional Job Function/Role			Requires special approval	
Attach requirements				

List the Exe, MBU, ADPT or individual department id(s) to access for Procard Reallocation, Reporting and/or Summit	List the Exe, MBU, ADPT or individual department id(s) for requisition workflow approval

I authorize the above-named employee to have Finance access for the purposes of fulfilling his or her job responsibilities. In the event the individual leaves the employ of my department, I understand that I must promptly notify Administrative Systems so the access can be terminated immediately.

Authorized and Approved by: _____ Date: _____
(Department Head Signature (name if sending electronically***)) (Print Name)

*** Signature is not required if the Security Form is forwarded electronically by Department Head; if offline signature authority delegation has been filed with the Controller's Office, that person may sign or forward in lieu of department head.

**Completed Requests should be sent to Security Administrator, Administrative Systems, 150
Whitmore or emailed to afsecurity@umass.edu**

Security Administrator Approval: _____ Date: _____