Security Request Form - PS Fin NonTrad User

Employee Name: Last, First, MI	Date Submitted:	Employee ID :		
Position Title:		Home Campus and Dept #:		
Complete for appropriate action.		Action		
New Request	Change of Access	Change of Informati	ion Termination/Deletion	
	Employe	e Information		
Employee Email address:		Employee Phone Number:		
Employee Bldg & Office Number:		Employee Fax Number:		
Have you registered in Travel Only Self Service? Y N	If No, Please register b You cannot be set up i	ecause Peoplesoft and T&E module use the sn PS without it.	ame User Id and password.	
If yes, What is your user Id?				
Supervisor's Name:		Supervis	sor's Phone Number:	
Supervisor's Signature:				
Will Employee have Approval Access (Y/N) preferably for supervisory position	ns: The Employ	vee needs access to:		
Yes If Yes, mark as applicable: Expense Report Approval Cash Advance Approval ePro Approval No *Inc		Department Manager Dashboard- Department Manager Dashboard- PO Manager Dashboard* Cash Advance Entry (Traveler)		
Additional Information regarding Approvers: eProcurement (ePRO) Module routes to the Budget Office. If the employee workflow. Expense Module routes reports based on an API Reports can be sent to other approvers, as need	is going to be a non-budget PROVER Asssignment table ed	manager approver, the ePRO requestor will n based on Department number - one approver	eed to add the approver into the	
	Budget Informa	tion - ePro/Expense	Kithia is undation Fun Apparen	
Department Name	Department Number	Department Manager (Required)*	If this is updating Exp Approver Assignments, please mark Y/N.	
Default			Y N	
1			Y N Y	
2 *Attn Budget Manager:			h N	
Authorize the above employee the ability to appropriate by your name in the Department Manger field. A	ccess will not be provided u			
Attn Travelers: The Travel Only Self Service module allows trave Would you like to authorize another employee to If Yes, I authorize the Travel Only Self Service module on m	enter your expense informa		to enter travel expense reports into	
Signature of Security Officer and Supervisor acknowledges a legally responsible for the protection of said ID/Password pu Georgia Computer System Protection Act, as well as all other	suant to Chapter 9 of Title	6 of the Official Code of Georgia Annotated, nation laws.	3	
Employee Signature:		Date:		
Default Chartstring: Fund: Department: Program: Class: Progject/Grant:	Securi	Additional Roles/Notes: PO Inqu	iry iry iry	
PS Fin Security Officer Name:		PS Fin Security Officer Phone Nur	mher:	