**Instructions for completing this form:**

1. The Department’s Manager/Supervisor initiating the request on behalf of the user must complete Sections 1, 2 and 5 below:
2. The Department’s Manager/Supervisor must e-mail this form as an attachment to UMSOFinSecurity@umassp.edu. Forms that are filled out incompletely, inaccurately, or do not contain the appropriate authorizations will be returned to the requesting department for resolution.
3. If you have questions or problems completing this form, please email Holly Wang at hwang@umassp.edu.

Section 1 – Type of Request (*Place an X beside the desired action*

|  |  |
| --- | --- |
|  | New User Account: |
|  | Change to Existing Access:  |
|  | Disable Account |
|  | Temporary Disable Dates **From:**  **To:**  |

Section 2 – General User Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Email** |  |
| **Title** |  | **Hire Date** |  |
| **Department Name** |  | **HR Employee ID** |  |

|  |
| --- |
| Section 3 – Expense Roles Needed |
| **X** | Create travel authorizations (TA) and expense reports (self service) ***\*Note: Training is required before access is granted*** | FS\_EX\_Entry  |
| **X** | PeopleSoft User | FS\_PSoftuser |

|  |
| --- |
| Section 4 – Primary Permission List and Process Profile Needed |
| **X** | FSCENPP1 | FSPRCPFL  |

Section 5 – Department Manager/Supervisor Authorization

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Title** |  |
| **Signature** |  | **Email** |  |

***\* Note: Signature is not required if the Security Form is forwarded electronically by Dept. Manager/Supervisor***

###### Section 6 – Additional Information -

**Comments / Special Instructions:**

Section 7 – To be completed by Data Custodian approving the request

|  |  |
| --- | --- |
| **Data Custodian:**  | **Date:** |

***\*Note: Signature is not required if the Security Form is forwarded electronically by the Data Custodian.***