



UHCL FINANCE SECURITY ACCESS REQUEST FORM

Employee Name:

Last Name, First Name, MI

Employee/Student ID:

Job Title:

Department ID:

Department Name:

Building Location:

Room Number:

Email Address:

Student: Yes No

Employee Signature: _____

PeopleSoft Finance Access/Training Needed:

Financial Access:	Add Change Delete			Approval	Source	List	Training
				Role		Add'l Sources	Completion Date
Introduction to PS Finance							_____
Create Budget Journals				_____	_____	_____	_____
Create GL Journal Entries				_____	_____	_____	_____
Create Vouchers				_____	_____	_____	_____
Create Requisitions				_____	_____	_____	_____
Buyer (Create P.O/ Procurement only)				_____	_____	_____	_____
Reports & Queries							_____
Pcard							_____
				Purchasing PCard Administrator Approval			_____

Special Instructions:

Signatures:

Supervisor Printed Name: _____ Signature: _____ Date: _____

Chief/Div Bus Admin Printed Name: _____ Signature: _____ Date: _____

Security Admin Printed Name: _____ Signature: _____ Date: _____

PS Finance Distrib List: _____ HRMS Training Update: _____ Emailed: _____