



San Francisco State University – Fiscal Affairs
FMS ACCESS REQUEST FORM – GENERAL CAMPUS USERS

APPLICANT INFORMATION- All information is required

Name:	Last	First	Emp ID# (UIN):	
Job Title:			Email:	
Dept. ID (#):	Bldg./Rm #:		Phone:	
Existing User IDs, if any (in FMS or other system):	(HRMS, ARM, SIMS, etc)		Fax:	

- Have you completed the SFSU Employee/Student Information Privacy (ESIP) Training?
<https://www.sfsu.edu/online/esip.htm>
- Yes No

In the sections below, check the box(es) to indicate the access you need. Send the complete original to: FMS Security Administrator, ADM 350. For help completing this form, call 8-7143.

1. TYPE OF REQUEST

- NEW ACCOUNT** (check this option if establishing access for the first time)
- UPDATE ACCESS** (check this option to change access – list both new access, and any access this account already has)
- DELETE ACCESS** (check this option to delete this account if this user no longer works for SF State, or has changed jobs)

2. PROCUREMENT OPTIONS:

Please only check **one**.

Online Requisition Entry (Check this option if you need access to *create* Requisitions)
 Please continue to box **2a**.

- OR -

Online Requisition Approval
 Please continue to box **2b**.



2a. Requisition Entry continued

Please list your primary and alternate approvers.

<i>Approver's FMS ID</i> (ie. FMSID00)	Primary <input type="checkbox"/> Alternate <input type="checkbox"/>	<i>Approver's Name</i> (please print full name)

2b. Requisition Approval continued

Please list whose requisitions you will be approving and indicate whether you are a primary or alternate approver.

<i>Requester's FMS ID</i> (ie. FMSID00)	Primary <input type="checkbox"/> Alternate <input type="checkbox"/>	<i>Requester's Name</i> (please print full name)



3. REPORTING OPTIONS:

Departmental Reporting (Check this option if you need to run financial reports for your department)

Please list the FMS Department ID number(s) for the department(s) you need to include in your reports.

The authorized Chair/Dean/Administrator must sign to allow your access for each department.

<i>Departmental ID number (Dept ID)</i> (#####, #####, etc)	<i>Department Chair Approval</i> (signature and printed name)

Project Level Reporting (Check this option if you need to run financial reports for your project)

Please list the FMS Project IDs and authorization from Project Owner(s) for projects you need to include in your reports.

Please separate the Project IDs, which fall under one authorizer, with commas

<i>Project ID number</i> (#####, #####, etc) Please specify if a project is a Trust Fund.	<i>Authorized and/or Project Owner</i> (signature and printed name)



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I certify that I have read and understood the computing Ethics and Security document (located at <http://www.sfsu.edu/~helpdesk/docs/rules/ethics.htm>) and I agree to abide by the practices stated therein. I certify that the proposed use of CMS – Financial Management System and of other SFSU Fiscal Affairs Business Systems application/s is justified by the programs of the California State University system. Penal Code Section 502 states that it is a criminal offense to intentionally access, or cause to be accessed, any computer system or application for the purpose of:

1. Maliciously accessing, altering, deleting, damaging, or destroying any computer system/network, or
2. Devising or executing any scheme or artifice to defraud or extort, or
3. Obtaining money, property, or service with false or fraudulent intent, representation, or promise.

I certify that I have been oriented regarding the state and federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records, including information/data that is accessible through oral, written, or electronic means including data that is accessible through the CMS-PeopleSoft Human Resource System and Financial Management Systems.

I understand that I am being granted access to this information/data based on my agreement to comply with the following terms and conditions:

- I will comply with state/federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records, including information that is accessible through oral, written, or electronic means
- My right to access information is strictly limited to the specific information/data that is relevant and necessary for me to perform my job-related duties
- I am prohibited from accessing information that is not relevant and necessary for me to perform my job-related duties
- I will be a responsible user of information, whether it relates to my own or another's unit
- I will store information that I obtain under secure conditions
- I will maintain the privacy and confidentiality of the information that I obtain
- I will make every reasonable effort to interpret the information I obtain in an accurate and professional manner and will not modify or delete information unless authorized to do so
- I will ensure that the recipient is authorized to receive information and understands his/her responsibilities as a user before sharing information/data with others by any means
- I will sign off the automated system when I am not actively using it
- I will keep my password(s) to myself and will not disclose it (them) to others unless my immediate supervisor authorizes such disclosure in writing
- I will store and secure confidential/sensitive information, data, reports, etc. in a manner that will maintain their confidentiality when I am not actively using it
- I will dispose of confidential/sensitive information/data in a manner that will preserve its confidentiality when I have finished using them

I understand that if I misuse personal information/data/electronic systems that I obtain through my employment, I will be subject to disciplinary action up to and including termination.

Signature of Person Requesting Access

Date

Departmental Approval

Date

Departmental Approval's Name (Print)