San Francisco State University – Fiscal Affairs

FINANCIAL SYSTEM AND FINANCE REPORTING ACCESS
for **POSITION CHANGES AND TRANSFERS**

Section 1: Account Holder Information

Account Holder Information

Name: _____ (Last) _____ (First)

SF State ID (Emp ID#) : _____

Current Job Title: _____

Current Dept ID #: _____

SF State Email: _____

Phone: (__ __ __) __ __ __ - __ __ __ __

Section 2: CFS and BI Access

☐	**Delete Access** Previous CFS and BI access is no longer applicable.
☐	**Maintain Current Access** Previous CFS and BI Access is still applicable to new position and should be retained.

Section 3: E-trac Action

☐ Temporary reassignment/position. End date: _____

(Summer/Winter teaching positions or grant-funded positions held by employees who have a consecutively active position at the University.)

☐ Classification change. From Classification: _____ To Classification: _____

☐ Department change. From Dept : _____ To Dept: _____

☐ Other: _____

Section 4: Approval

_____ _____
Departmental Approval Date

_____
Departmental Approval's Name (Print)

ALL SECTIONS MUST BE COMPLETE FOR APPROVAL.
Please scan this completed form and email to: cfs-sec-req@lists.sfsu.edu