



**COMMON FINANCIAL SYSTEM (CFS) ACCESS REQUEST FORM**  
CFS Access: Requisition Processing & AR Billing

**1. APPLICANT INFORMATION:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Email: \_\_\_\_\_ Extension: \_\_\_\_\_  
Dept. Name: \_\_\_\_\_ Dept. ID #: \_\_\_\_\_  
Business Unit:      SFCMP (most common)      SFPFD      SFFDN      SFASI      SFCSC

**2. EMPLOYEE STATUS:**      Permanent      Temporary      Affiliate      Auxiliary      Student Worker

**3. SECURITY TRAINING STATUS:**

Data Security & Privacy and FERPA & Protecting Education training is required by the Office of the Chancellor for all employees. Instructions located here: <http://tech.sfsu.edu/guides/skillport>

Has the applicant completed the Data Security & Privacy and FERPA & Protecting Education training?      Yes      No

**4. ACCESS TYPE:**      New      Change      Delete

**5. SELECT A MODULE:** For requisitions please note that you cannot both create and approve requisitions.

**5a. I want to create requisitions**

Your Approver's Employee ID      Your Approver's Full Name

**5b. I want to approve requisitions**

Your Requester's Employee ID      Your Requester's Full Name

**5c. I want AR Billing - End User access. (For third party billing only. Training is required. This access is uncommon.)**

**6. COMMENTS:** Use space provided below for additional comments.

**7. USER TO CLONE:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

**8. SIGNATURE/APPROVALS:**

**Departmental Approver:** My signature certifies that the named employee below requires access to data within CFS to perform their job duties. I understand that it is my obligation to ensure that adequate training is provided to the employee in compliance with State and Federal laws and University policies governing access to information contained in employee, applicant and student records.  
I have read the CFS instructions located here: <http://fiscaff.sfsu.edu/content/cfs-bi-instructions>

**Person Requesting Access:** Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Departmental Approver:** Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Extension: \_\_\_\_\_ Email: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

**9. SUBMISSION:**

Please scan this completed form and email to: [cfs-sec-req@lists.sfsu.edu](mailto:cfs-sec-req@lists.sfsu.edu)