



San Francisco State University
Fiscal Affairs - CFS ACCESS REQUEST FORM
(FISCAL AFFAIRS' AND BUDGET)

APPLICANT INFORMATION

First Name _____ Last Name _____ Emp. ID _____

Job Title _____ Dept. Name _____ Room No _____

Email _____ Phone _____ Fax _____

Business Unit: SFCMP SFPFD SFFDN SFASI SFCSC

Check the boxes that apply for the access you need and get the signature of the approving officer for the specific module. Please scan this completed form and email to: cfs-sec-req@lists.sfsu.edu

- NEW ACCESS** (check this option if establishing access for the first time)
- CHANGE ACCESS** (check this option to change access – including all access required, as if 're-requesting' access)
- DELETE ACCESS** (check this option when an employee no longer works for SFSU or changes jobs)

END-USER GENERAL ACCESS	
Financial Inquiry - Journal Entries/Ledger Activities	Online Requisitions
Asset Management Module	Access to PS Queries
Purchase Order Module	Fiscal Affairs BI Finance Reporting
Accounts Payable's Module	with Payroll Access

Requester or Approver	REQUISITION AUTHORIZATION LEVEL
List the User Name & PS ID of those that can approve the requests	List the User Name & PS ID of those that can approve the requisitions

San Francisco State University – Fiscal Affairs
PS FINANCE ACCESS REQUEST FORM (FISCAL AFFAIRS' AND BUDGET)

ASSET MANAGEMENT ACCESS	
POSITION	USER PREFERENCES
CFSCSU_AM_Base_01 CFSCSU_AM_Base_02 CFSCSU_AM_Base_03 CFSCSU_AM_Base_04 CFSCSU_AM_Config_01 CFSCSU_AM_ConfigDisplay_01 CFSCSU_AM_Inquiry_01 CFSCSU_AM_MassChange CFSCSU_AM_PropInv_01 CFSCSU_AM_UserPref_01	

 Signature of Approving Officer – Asset Management

 Date

ACCOUNTS PAYABLE ACCESS	
ROLE	USER PREFERENCES
CFSCSU_AP_1099_01 CFSCSU_AP_1099_02 CFSCSU_AP_Banking_01 CFSCSU_AP_Base_01 CFSCSU_AP_Base_02 CFSCSU_AP_Base_03 CFSCSU_AP_Base_04 CFSCSU_AP_Checks_01 CFSCSU_AP_Checks_02 CFSCSU_AP_Checks_03 CFSCSU_AP_Claims_01 CFSCSU_AP_ConfigDisplay_01 CFSCSU_AP_Inquiry_01 CFSCSU_AP_ProCard_01 CFSCSU_AP_ProCard_02 CFSCSU_AP_ProCardConfigDisp_01 CFSCSU_AP_UserPref_01 CFSCSU_AP_Vendor_01 CFSCSU_AP_Vendor_02 CFSCSU_AP_Vendor_03 CFSCSU_AP_Voucher_01 SFAPVNDRCR SFAPVNDRINQ	Default Origin: Vouchers in Groups Only Post Vouchers Override Match Add Vendor Approve Vendor Inactivate Vendor For SETID SFCMP SFASI/SFCSC SFEMP SFFDN SFPFD SFSTD

 Signature of Approving Officer - Accounts Payable

 Date

San Francisco State University – Fiscal Affairs
PS FINANCE ACCESS REQUEST FORM (FISCAL AFFAIRS' AND BUDGET)

GENERAL LEDGER / BUDGETS ACCESS	
ROLE	OPERATOR PREFERENCES
CFSCSU_GL_Base_01 CFSCSU_GL_Base_02 CFSCSU_GL_Base_03 CFSCSU_GL_Closing_01 CFSCSU_GL_Config_01 CFSCSU_GL_Config_02 CFSCSU_GL_Config_03 CFSCSU_GL_Config_04 CFSCSU_GL_Config_05 CFSCSU_GL_ConfigDisplay_01 CFSCSU_GL_Grants_01 CFSCSU_GL_Grants_02 CFSCSU_GL_GrantsInquiry_01 CFSCSU_GL_GrantsInquiry_02 CFSCSU_GL_Journal_01 CFSCSU_GL_Journal_02 CFSCSU_GL_Journal_03 CFSCSU_GL_Journal_04 CFSCSU_GL_RPT_01 CFSCSU_GL_RPT_02 CFSCSU_GL_RPT_03 CFSCSU_GL_RPT_04 CFSCSU_GL_UserPref_01	Ledger: SFCMP SFASI SFCSC GAPP/FIRM/CDIP SFFDN SFPFD Ledger: Ledger Group: Ledger_KK Ledger_Budg Source: Change Date on Corrected Journals Change Journals from Journal Generator

 Signature of Approving Officer - General Ledger

 Date

PURCHASING ACCESS	
POSITION	USER PREFERENCES
Location: CFSCSU_PO_Base_01 CFSCSU_PO_Base_02 CFSCSU_PO_Config_01 CFSCSU_PO_Config_02 CFSCSU_PO_Config_03 CFSCSU_PO_ConfigDisplay_01 CFSCSU_PO_EncumbrClean_01 CFSCSU_PO_Inquiry_01 CFSCSU_PO_Receipts_01 CFSCSU_PO_Receiving_01 CFSCSU_PO_Receiving_02 CFSCSU_PO_Receiving_03 CFSCSU_PO_Requisition_01 CFSCSU_PO_Requisition_02 CFSCSU_PO_UserPref_01	Ship to Location: Approve PO Cancel PO Work Approved PO Full Authority for All Buyers Approve Requisition Cancel Requisition Work Approved Requisition Full Authority for All Requesters Override Preferred Vendor Contracts

 Signature of Approving Officer - Purchasing

 Date

San Francisco State University – Fiscal Affairs

PS FINANCE ACCESS REQUEST FORM (FISCAL AFFAIRS' AND BUDGET)

CERTIFICATION OF USE:

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.

CONFIDENTIALITY STATEMENT

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

Department Head Signature

Date

Department Head Name (Print)

Date

FABS IT Security Officer

Date