

**The University of Oklahoma Health Sciences Center
PeopleSoft End User Security Access Form**

Supply the information requested below including Financial Services organization numbers and types of access required, name and signature of user's supervisor or department's authorizing agent and forward completed form to Financial Services via one of the following: **fax: 271-2367; mail - Financial Systems, SCB-224T; or eCopy signed PDF form to fsweb@ouhsc.edu**. The "Contact Person" will be notified when the user's access privileges have been granted.

User Creation User Transfer User Revision (explain) _____ Effective Date: _____

User's Name (Last, First MI): _____ Department: _____

User's Status: OUHSC Employee User's EmplID: _____ OUHSC Affiliate (Users not paid by OUHSC)

Financial Organization numbers this user requires access to: _____

Contact Person: _____ Phone: _____

Online SUR User – choose ONE of the following Online SUR Roles

SUR Inquiry SUR Entry SUR Approver SUR Processor (*granted all ORG access*)

If Processor role, list Service Units affected: _____

As this user's supervisor or the department's authorizing agent, I hereby approve this request for user access privileges.

Print Name _____ Signature _____ Date _____

Online Cost Transfer User – choose ONE of the following Online Cost Transfer Roles

Cost Transfer Department Entry Cost Transfer Department Approval

As this user's supervisor or the department's authorizing agent, I hereby approve this request for user access privileges.

Print Name _____ Signature _____ Date _____

Accounts Payable Financial User - choose ONE of the following Accounts Payable Roles

Departmental AP Entry Departmental AP Approval Departmental AP Inquiry

As this user's supervisor or the department's authorizing agent, I hereby approve this request for user access privileges.

Print Name _____ Signature _____ Date _____

Purchasing Financial User – choose ONE of the following Purchasing Roles

Departmental Purchasing Entry Departmental Purchasing Approval Departmental Purchasing Inquiry
 Special Items Approval: Animal Radioactive Items

Department must complete the following if Purchasing "Entry" box is checked:

Requestors: _____ Requestors Location ID: _____ Requestor's Ship-To Location: _____ Requestor's Default Chartfield Spread: _____

As this user's supervisor or the department's authorizing agent, I hereby approve this request for user access privileges.

Print Name _____ Signature _____ Date _____

For Financial Services/Accounts Payable/Purchasing Use Only

Online SUR authorization: _____ Date: _____
Cost Transfer authorization: _____ Date: _____
Purchasing authorization: _____ Date: _____
Accts Payable authorization: _____ Date: _____

For PeopleSoft Security Use Only

Access granted: _____
Date: _____
UserName: _____