Supply the information requested below including user’s name, department, and status. Fax the completed form to Financial Services @ 271-2366 or eCopy to FSWeb@ouhsc.edu.

___User Creation ___User Transfer ___User Revision (explain) __________________________ Effective Date________________

User’s Name (Last, First MI):____________________________ Department:____________________________

User’s Status: ___OUHSC Employee ___OUHSC Affiliate (Users who are not paid by OUHSC)

Financial Organization numbers this user requires access to:________________________________________

Supervisor Signature:________________________________________________________________________

Indicate (below) each role in which this user requires membership.

➤ **SUR Roles**
   ___ SUR Admin ___ SUR Equipment Inventory

➤ **Post Award Core User Roles**
   ___ GM Post Award Budget ___ GM Post Award Generate ___ Grants Inquiry ___ GM Post Award Staff
   ___ GM Profile Manager ___ GM Configuration ___ GM Processing ___ Grants WC Manager
   ___ Grants WC Sr Staff Acct ___ Grants WC Staff Acct ___ Grants WC Acct ___ Grants WC Acct Clerk

➤ **Cash Award Core User Roles**
   ___ AR Manager ___ AR Deposits ___ BI Manager ___ AR Payments ___ BI Staff

**General Ledger and Asset Management Core User Roles**

   ___ Asset Inquiry ___ General Ledger Core User Inquiry
   ___ Asset Manager ___ General Ledger Journal Entry
   ___ Asset Staff ___ General Ledger Journal Generator
   ___ General Ledger Accounts Receivable ___ General Ledger Processing
   ___ General Ledger Administrator ___ General Ledger Query (nVision, Query Viewer, & Tree Viewer)
   ___ General Ledger Allocations ___ General Ledger Tools User
   ___ General Ledger Budget/Chartfield Entry ___ FS System Inquiry
   ___ General Ledger Budget Inquiry ___ FS System Query
   ___ General Ledger Chartfield Inquiry ___ Two-Tier nVision/Query
   ___ Private Query User ___ GL Maintenance
   ___ NRSA

As OUHSC General Ledger data owner, I hereby authorize the access privileges indicated above for the user identified herein.

Authorization Signature:____________________________________ Date:________________________

For Information Technology Use Only

Application security access privileges granted by ______________________ Date ___________

User ID:________________

The University of Oklahoma Health Sciences Center
Financial Services Core User Security Access Form

Supply the information requested below including user’s name, department, and status. Fax the completed form to Financial Services @ 271-2366 or eCopy to FSWeb@ouhsc.edu.

___User Creation  ___User Transfer  ___User Revision (explain) ___________________________  Effective Date____________________

User’s Name (Last, First MI): ___________________________________________________________  Department: __________________________________________

User’s Status:  ___OUHSC Employee  ___OUHSC Affiliate (Users who are not paid by OUHSC)

Financial Organization numbers this user requires access to: ____________________________________________

Supervisor Signature: ____________________________________________________________________________

Indicate (below) each role in which this user requires membership.

➤ Pre Award Core User Roles

___ Pre Award Staff  ___ Grants Inquiry
___ Pre Award Super User  ___ GM Sponsor Addition/Update

As OUHSC Grants Pre-Award data owner, I hereby authorize the access privileges indicated above for the user identified herein.

➤ Accounts Payable Core User Roles

___ Accounts Payable Administrator  ___ Accounts Payable Claims Printing  ___ Accounts Payable Data Owner
___ Accounts Payable Pay Cycle Manager  ___ Accounts Payable Core User Approver ( ___ Reversal Voucher)
___ AP Inquiry Only  ___ Payroll Clerk  ___ Cancel Payments Only
___ Matching Override  ___ Vendor Maintenance ( ___ Enter ___ Approve ___ Inactivate)
___ AP Req Approver ( ___ ACCT-GRP1 ___ ACCT-GRP2 ___ ACCT-GRP3)
___ APWF GM Clinical Study  ___ APWF Grants Clerk  ___ APWF Grants Manager
___ APWF Grants SubContract  ___ APWF SUAUX Spec Process  ___ APWF Special Approver
___ AP Files

As OUHSC Accounts Payable data owner, I hereby authorize the access privileges indicated above for the user identified herein.

➤ Purchasing Core User Roles

___ Purchasing Administrator  ___ Purchasing Inquiry  ___ Purchasing Buyer
___ Purchasing Requisition Approver  ___ Query Designer  ___ User Security Inquiry
___ Location Table Update  ___ Shipping/Receiving Clerk  ___ Equipment/Inventory Special Items App
___ HR Approver OKC  ___ HR Approver Tulsa

As OUHSC General Ledger data owner, I hereby authorize the access privileges indicated above for the user identified herein.

Authorization Signature: ____________________________________________________________________________  Date: ______________

➤ Bursar Core User Roles

___ Cash Receipts Adjustment  ___ Cash Receipts Approval  ___ Cash Receipts Inquiry
___ PCI Training Entry (HCM role)

As OUHSC Cash Receipts data owner, I hereby authorize the access privileges indicated above for the user identified herein.

Authorization Signature: ____________________________________________________________________________  Date: ______________

For Information Technology Use Only

Application security access privileges granted by _________________________________  Date __________________

User ID: ________________