CSUN | CALIFORNIA STATE UNIVERSITY NORTHRIDGE

SOLAR FINANCIALS GROUP ACCESS REQUEST FORM

1. REQUESTOR INFORMATION:

Requestor's Name: Last:_____First:_____Extension:_____

Email:_____@csun.edu   Job Title:_____

Dept. Name:_____Dept. ID #:_____Effective Date:_____

2. USERS: ALL FIELDS ARE MANDATORY, EXCEPT OPERATOR ID.

Employee ID#:_____Operator ID#:_____Employee Name:_____
Dept. ID#:_____ Email:_____@csun.edu

Employee ID#:_____Operator ID#:_____Employee Name:_____
Dept. ID#:_____ Email:_____@csun.edu

Employee ID#:_____Operator ID#:_____Employee Name:_____
Dept. ID#:_____ Email:_____@csun.edu

Employee ID#:_____Operator ID#:_____Employee Name:_____
Dept. ID#:_____ Email:_____@csun.edu

Employee ID#:_____Operator ID#:_____Employee Name:_____
Dept. ID#:_____ Email:_____@csun.edu

Employee ID#:_____Operator ID#:_____Employee Name:_____
Dept. ID#:_____ Email:_____@csun.edu

Employee ID#:_____Operator ID#:_____Employee Name:_____
Dept. ID#:_____ Email:_____@csun.edu

3. ROLES:

ADD   DELETE   _____   ADD   DELETE   _____

ADD   DELETE   _____   ADD   DELETE   _____

4. APPROVALS:

Supervisors and Division/College Administrators: My signature certifies that the employee requires access to data within the PeopleSoft system 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.

Requestor: Print:_____Signature:_____Date:_____

                                   Extension:_____

Division/College Administrator: Print:_____Signature:_____Date:_____

Security Gatekeeper: Print:_____Signature:_____Date:_____

                                   Extension:_____

Security Administrator: Print:_____Signature:_____Date:_____

5. APPROVAL OF ROLES ACCESSING CONFIDENTIAL INFORMATION:

VP, Finance & Administration: Print:_____Signature:_____Date:_____