

Request for AIS Access

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Effective Date: _____

<u>Employee Information Section</u>				
Name: Last	First	Middle	E-ID	800#
Department Name			Box #	Phone Number

<u>Purpose</u>	If access revoked, select reason:			
<input type="radio"/> Request Access	<input type="radio"/> Change Access	<input type="radio"/> Revoke Access	<input type="radio"/> Separated from SIUE	<input type="radio"/> Transfer to another Unit
			<input type="radio"/> Change in Duties	<input type="radio"/> Other _____

<u>Select Responsibility</u>	<u>List Budget Purpose(s)</u>				
Fiscal Officer / Delegate	_____	_____	_____	_____	_____
General Ledger-Unit Inquiry (Non-Delegate)	_____	_____	_____	_____	_____
Department Receiver	_____	_____	_____	_____	_____
Department Buyer	_____	_____	_____	_____	_____
	<small>Attach list if additional space is required for more BP Numbers.</small>				

By requesting this access, I understand that the use of the SIU Oracle Administrative Information System (AIS) is governed by Illinois Statutes and the policies and regulations of Southern Illinois University. I hereby agree to abide by those provisions. Specifically, I agree that no attempt will be made by me to access any data or system modules other than those I have written authorization to access. Further, I understand that my SIU Oracle AIS account will be used only for authorized SIU business and that personal computing is prohibited. As this system is used to electronically submit and approve financial and other transactions, I understand that protecting the integrity and confidentiality of my system logon account and password are my responsibility. I agree not to share them or otherwise permit access to this system by another individual using my account. I understand that violation of this agreement will result in loss of computer access privileges and may result in legal or other disciplinary action or personal financial liability.

<u>Required Signatures:</u>	
User Signature: _____	Date: _____
Supervisor Name: _____	Phone #: _____
Supervisor Signature: _____	Date: _____
Fiscal Officer Name: _____	Phone #: _____
Fiscal Officer Signature: _____	Date: _____

<u>Responsibilities Approved and Assigned:</u>	Name	Date
Administrative Accounting	_____	_____
System Admin.	_____	_____
Training	_____	_____