University of South Alabama – Banner Finance Security Form

1. General Person (User) Information

Last Name: | First Name: | Middle Initial:

Department: | Position/Title: | Phone:

E-mail: | J-Number: | Fax:

DOB:

Select One: ☐ Faculty ☐ Staff ☐ P.I. ☐ Administrator ☐ Student ☐ Other – Attach Explanation

2. Select Type of Security Access Being Requested

☐ Request General Access to Banner Finance

☐ Change Specific Fund/Organization Access

☐ Delete All Access to Banner Finance

Business Office Use Only			
Oracle ID:		By:	
FOMPROF:		By:	
Term. Date:		By:	

3. General System Access Information

Do you currently have a Banner Login name? ☐ Yes ☐ No If "Yes" Enter Name:

Have you received Banner Navigation Training? ☐ Yes ☐ No If "Yes Enter Date:

4. Banner Finance Specific Organization Access (List Organization Code(s) and Fund Code(s) to be Accessed)

Organization Code

Fund Codes – List individually or check box to indicate all Funds for this Org.

☐ All Funds for this Org

☐ All Grants for P.I.

☐ All Funds for this Org

☐ All Grants for P.I.

☐ All Funds for this Org

☐ All Grants for P.I.

5. Type of Access:

☐ Create Requisitions ☐ Approver (Limit: _____) ☐ E-Print ☐ Budget Query ☐ ID-Search

6. User Responsibility Agreement and Approval

Before receiving access to university computing systems, you must read and agree to the following statement:

I understand that as part of my duties and responsibilities as an employee of the University of South Alabama, I may be given access to one or more administrative computer systems. The information contained in these systems may be of a private and confidential nature and I acknowledge it is my responsibility to maintain the privacy of these records.

Furthermore, I have read the Computer Center policy concerning security and understand all the requirements and guidelines stated therein. I understand I am responsible for NOT sharing any passwords to which I have access with any other individual and I will be held accountable for any invalid use of my user identification. I further acknowledge that my failure to follow these security guidelines will subject me to disciplinary action up to and including dismissal and possible legal action.

User's signature | Date | Department Head | Date

Accounting Approval | Date | Profile Created By | Date

Please forward completed form to Business Office AD380