

S.U.S.D. Security Request Form Financial System

Activate				InActivate
Department:		Select Site from	list, or type	in Site if not found.
User Name:		Position:		
E-Mail		Person Replaced:		
Security Level Requested				
Standard School/Site Security	у 🗀			
C5 Security		Note: C5 Must be route	ed through	Budget Director.
Department Level Request	ed			
Accounts Payable		Accounts Receivable		
General Ledger		Purchasing		
Stores		Human Resources		
Payroll		Business Services/Budg	get	
CDD\Crystal Reporting				
In compliance with Board Policy 340 network, Users of S.U.S.D.'s Finan records, as well as financial records password with any other individual. I action may result in the immediate re	cial System ar remain secure It is Strictly pro evoking of acce	e to continue to adhere to at all times. It is against S. I hibited to share your usernal ss to S.U.S.D.'s databases a	these guideli U.S.D. policy me/password. and network.	ines, ensuring employee to share your username/ Consequences for such
My Signature acknowledges that statement.	I have read a	nd understand the purpos	se and conse	equences of this policy
User Signature:			Date	
Manager/Director Signature			 Date	
Budget Director Signature			 Date	

Type requested information into form. Press Submit by email button and send the email. After Email, Print Form and route for appropriate signatures. Account Access will **NOT** be activated until signed form is received in Information Services.