

AIS USER FORM

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

Assigned by Accounting Services	<input type="checkbox"/> New
Responsibility Request Number: _____	<input type="checkbox"/> Existing

Effective Date: _____

Employee Information Section

NAME: Last _____ First _____ Middle _____ Dawgtag _____ Employee ID # _____

Department _____ Mail Code _____ Phone Number _____ E-Mail Address _____

Form prepared by: _____
 Last Name _____ First Name _____ Phone Number _____ E-Mail Address _____

Purpose

Request Access
 Revoke Access
 If access revoked, reason:
 Separated from SIU
 Transfer to another Unit
 Change in Duties
 Other _____

Responsibility	Select Responsibility	Unit	Unit	Unit	Unit	Unit
General Ledger-Unit Inquiry	<input type="checkbox"/>	_____	_____	_____	_____	_____
Fixed Assets Managerial Inquiry	<input type="checkbox"/>	_____	_____	_____	_____	_____

Attach list if additional space is required for Unit Numbers.

Prepare Purchase Requisitions <input type="checkbox"/> Department Receiver <input type="checkbox"/> Department Buyer <input type="checkbox"/> Internal Billing Technician <input type="checkbox"/>	<p style="text-align: center;">List Budget Purpose(s) for Department Buyer Approvals of Scheduled Releases. (Leave blank if not authorized to approve.)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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SIU HRMS Time Entry <input type="checkbox"/> SIU HRMS Other: _____ <input type="checkbox"/>	<p>If HRMS responsibilities are being requested, Vice Chancellor or Provost approval is required. Please forward this form to the appropriate office for approval.</p>
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Central Units Only:	Request Access	Revoke Access	List responsibilities:
_____	<input type="radio"/>	<input type="radio"/>	_____
_____			_____
_____			_____
_____			_____

AIS USER FORM

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

NAME: Last First Middle Dawgtag Employee ID #

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.

Required Signatures:

User Signature: _____ Date: _____

Unit Officer Name: _____ Phone #: _____

Unit Officer Signature: _____ Date: _____

Fiscal Officer Name: _____ Phone #: _____

Fiscal Officer Signature: _____ Date: _____

Vice Chancellor or Provost Name: _____ Phone #: _____

VC or Provost Signature: _____ Date: _____

System Administration Use Only:

	<u>Resp. No.</u>	<u>Add</u>	<u>Revoke</u>	
_____ Responsibility Description	SIU GL Unit Inquiry _____	<input type="checkbox"/>	<input type="checkbox"/>	Purchasing Hierarchy _____ <input type="checkbox"/> (Position Number)
	SIU Unit Payables Inquiry _____	<input type="checkbox"/>	<input type="checkbox"/>	
	FA Inquiry & Reporting _____	<input type="checkbox"/>	<input type="checkbox"/>	Entered Below Position Number _____
	Purchasing Requestor _____	<input type="checkbox"/>	<input type="checkbox"/>	
	Departmental Buyer _____	<input type="checkbox"/>	<input type="checkbox"/>	Buyer Table <input type="checkbox"/>
	Departmental Receiver _____	<input type="checkbox"/>	<input type="checkbox"/>	Approval Groups <input type="checkbox"/>
	PO Inquiry _____	<input type="checkbox"/>	<input type="checkbox"/>	Approval Groups Names: _____
	IB Tech _____	<input type="checkbox"/>	<input type="checkbox"/>	
<u>List Responsibility</u>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Purchasing Requisition Approval Group _____
	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Dept Buyer _____
				Dept Buyer Approval Group (if approving releases) _____

Responsibilities Approved and Assigned:

	Name	Date
Accounting Services	_____	_____
Purchasing	_____	_____
HRMS	_____	_____