



USER INFORMATION

DEPARTMENT: _____ EMPLOYEE POSITION IS: NON-BENEFITED BENEFITED

NAME: _____ DU ID#: _____ PHONE: _____

EMAIL ADDRESS: _____ USERNAME: _____

JOB TITLE: _____

Please, check appropriate boxes below:

1. View financial aid information:

YES NO

2. Access to financial aid reports:

YES NO

College: _____ Level: _____

3. Submit awards for students:

YES NO

If yes, please indicate fund codes in the box below.

4. Work Award Supervisor:

YES NO

PLEASE LIST FUND CODES Attach a separate sheet if necessary)

Empty box for listing fund codes.

Additional information:

Form Prepared By: _____ Preparer's Phone: _____ Fax: _____

APPROVING SIGNATURES

Comments:

Appropriate Security Classes:

1. Department Manager _____ Date _____ 2. Division Head/Budget Officer _____ Date _____

3. Financial Aid Signatory _____ Date _____
Karen Woodrum, Office of Financial Aid (fax: 12341)

4. UTS – EAS (fax: 17998) _____ Date _____
Or you may email eas@du.edu

After obtaining all required signatures, please submit this form to UTS - Enterprise Application Services for processing.