



USER INFORMATION

DEPARTMENT: EMPLOYEE POSITION IS: NAME: DU ID#: PHONE: EMAIL ADDRESS: USERNAME: JOB TITLE:

Table with 2 columns: CHECK APPROPRIATE BOXES BELOW, FINANCE ORGANIZATION / FUND CODE ACCESS. Includes checkboxes for viewing reports, processing transactions, and approval process.

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. Banner Finance Signatory Date 4. Grant Principle Investigator Date 5. IT - EAS (fax: 17998) Date

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