

University of Kansas

Financials/KUPPS Departmental Access Form

Use this form to request access to the PeopleSoft Financials system (FSKU) and DEMIS reporting related to Financials. Appropriate access will be granted based on job duties. After departmental signatures have been obtained, scan and send this form to fsku@ku.edu.

Action Requested:

New User Update User

Preferred Business Unit:

UKANS KURES

NAME:	_____
EMPLOYEE ID:	_____
EMAIL ADDRESS:	_____
PHONE NUMBER:	_____
DEPARTMENT:	_____
BUILDING/ROOM NO:	_____
SUPERVISOR NAME:	_____

Dept. Transactions

This role is for users who will add/update: Departmental Deposits and SOV's and will view PO's and Vouchers in the Financial System

Dept. + Budget Transactions

This role is for users that will need the same access as Dept. Transactions plus add/update for Org. Budget Transfers in the Financial System.

View Only

This role is for users that will need display access to Departmental Deposits, SOV's, PO's, and Vouchers in the Financial System.

P-Card Dept. Reconciler

This role is for users who will be updating P-Card transactions in the Financial System. The following form must also be filled out:

P-Card Dept. Approver

This role is for users who will be approving P-cards for their Department.

T&E Dept. Entry/Proxy

This role is for users who will be entering travel for their department. The following must also be filled out:

T&E Dept. Approver

This role is for users who will be approving travel for their department. An APPROP DEPT. is required. Use the APPROP section.

T&E View Only

This role is for users who want to view their travel only in the Financial System.

KUPPS Shopper

This role is for users who will be shopping in the KUPPS system.

KUPPS Requestor

This role is for users who will be updating transactions in the KUPPS system.

KUPPS Approver

This role is for users who will be approving transactions in the KUPPS system. An APPROP DEPT is required. Use the APPROP section.

APPROP:

I agree to use this account for PeopleSoft Financials responsibilities, and I will not share or authorize the use of my User ID. I understand that sharing my User ID is considered a security violation that will result in the revocation of my access and that a notification will be sent to my supervisor. I also agree to comply with the policies of the University of Kansas regarding the proper use of computing resources.

User Signature (Required)

Date

Supervisor's Signature (Required)

Date

Access to the system and the data is granted only to authorized users in the specific performance of their job functions.