



BudCast Access Request Form

University Budget Office | 240 Carruth O'Leary Hall
Email: budcastsupport@ku.edu | Phone: (785) 864-3138
<https://budcast.ku.edu>

Use this form to gain access to BudCast, the web based budget and forecasting system. Your BudCast userid and password will automatically match your KU login credentials. After departmental signatures have been obtained, scan and send this form to budcastsupport@ku.edu.

Check One: Establish New Account Modify Account Revoke Account

Request Date: _____	Name: _____
KU Online ID: _____	Email Address: _____
Job Title: _____	Department: _____
Check One:	Budgeteer/SSC Finance SSC Research KUCR/Post-Award Other

Please enter the data needed for your BudCast account. Roles exist for Primary ARSPs, or Secondary ARSPs. Appropriation roles are available for CLAS and RGS employees.

	Full Access	Read Only
Primary ARSP		
Secondary ARSP		
Appropriation		

I agree to use this account responsibly and will not share or authorize the use of my User ID. Sharing your User ID is considered a security violation that will result in the revocation of your access and notification will be sent to your supervisor. I also agree to comply with the policies of the University of Kansas regarding proper use of computing resources. Database information, particularly personnel information is **CONFIDENTIAL**, and you are responsible for maintaining that trust. **Knowingly releasing or misusing confidential information from official records may result in disciplinary action up to and including dismissal.**

Requestor Signature: _____ Date: _____

Budgeteer Signature: _____ Date: _____

Budgeteer Name: _____

*****This section for BudCast Staff only*****

Authorizing Budget

Office Signature: _____ Date: _____

Major Role Assigned:

System Administrator Security Administrator Model Administrator Planner

Module Access Granted:

Reporting Operating Plan Grants Administration Job Scheduler Process Monitor
System Administration Security Administration Model Administration Plan Requests

*****This section for IT Account Management only*****

Authorizing IT Account Mgmt Signature: _____ Date: _____

Date added to BudCast: _____ By: _____ Date notification sent: _____ By: _____