



Banner Finance User Access Request Form

Instructions:

1. User or Department completes Section 1; have form approved by department head in Section 2 and send PDF of approved form to Finance (Clinton Propfe propfe@uchc.edu or send hard copy to MC-5305).
2. If new user is a Consultant or Affiliate (such as Storrs campus employee) please follow instruction in box below.
3. If you need Signature Authorization for any FOAPALs, please complete page 2 of this form and send approved form as pdf to Finance (Clinton Propfe propfe@uchc.edu or send hard copy to MC-5305).
4. If user already has Banner Access but needs additional FOAPALs added to their Signature Authorization then user only needs to complete page 2 of this form and send approved form as pdf to Finance (Clinton Propfe propfe@uchc.edu or send hard copy to MC-5305).
5. Please be aware that the process can take several days once completed forms have been received by Finance. User will be notified by email that their Banner access has been given. If user is new to Banner the email will provide instructions on how to access Banner for the first time along with instruction on how to gain Husky Buy access if applicable.

1. GENERAL USER INFO.		
NAME:	IF CONSULTANT or AFFILIATE (such as Storrs campus employee), CONTACT SANDY LEBA EXT. 4579 FOR INSTRUCTIONS ON OBTAINING CONSULTANT/AFFILIATE ACCESS AS HR PROCESSING MUST OCCUR PRIOR TO FINANCIAL ACCESS. CHECK THIS BOX TO CONFIRM YOU HAVE CONTACTED HR.	POSITION / TITLE:
UCONN HEALTH DOMAIN / NETWORK USER NAME: (REQUIRED PRIOR TO SUBMITTING)		ORGANIZATION
START DATE: (IF NEW EMPLOYEE)	SELECT THE TYPE OF SECURITY / ACCESS BEING REQUESTED (PLEASE CHECK THE APPROPRIATE BOX.) <input type="checkbox"/> NEW BANNER USER ID <input type="checkbox"/> CHANGE TO EXISTING BANNER USER ID	

2. Department Head Approval	

REQUESTOR	
_____	_____
DEPARTMENT HEAD SIGNATURE (UConn Health manager, PI, Dept. Head or higher)	DATE
_____	_____
DEPARTMENT HEAD PRINTED NAME	DATE

3. TO BE COMPLETED BY FINANCE		
BANNER USER ID #:	<input type="checkbox"/> INB <input type="checkbox"/> SSB	NETWORK USERNAME:
CLASS/ES AND/OR TEMPLATES TO BE ASSIGNED:		
FINANCE DIRECTOR PRINT:	FINANCE DIRECTOR SIGN:	DATE:



Signature Authorization Form

Employee's Location (e.g., UConn Health, Storrs, other affiliation): _____ Phone Ext: _____

Employee's Organization (e.g., Finance, Dermatology, Pediatrics) _____ Mailcode: _____

This form is: **NEW** Check this box if you are requesting Signature Authorization for the first time.

REVISED Check this box if you are requesting additional FOAPALs be added to your existing list of Signature Authorization FOAPALs.

REPLACEMENT Check this box if you are requesting your existing list of Signature Authorization FOAPALs be deleted and replaced with FOAPALs list in box below.

If you have questions contact Clinton Propfe at ext. 6124

Signature Authority will be granted to the requesting employee (listed at right) for the Funds and Organizations (Org) listed below. Funds have 6 digits and Org have 5 digits.

FUND	ORG	FUND	ORG
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All Funds for an Organization:
Only check this box if you require signature authorization for every fund that exists for the specific organization(s) listed below. If you check this box you must list the org/orgs that you require full signature authorization for in the spaces below.

All Fund/Organization for Responsible Person
Only check this box if you require your signature authorization to mirror an existing individual's signature authorization. If you check this box you must list the individual's name on the line below.

NAME OF EMPLOYEE:

EMPLOYEE PRINTED NAME

EMPLOYEE PRINTED TITLE

EMPLOYEE SIGNATURE

DEPARTMENTAL APPROVAL

AUTHORIZING OFFICIAL:

(PI, DEPARTMENT HEAD, OR HIGHER)

OFFICIAL'S PRINTED NAME

OFFICIAL'S PRINTED TITLE

OFFICIAL'S SIGNATURE

DATE OF SIGNATURE

BOX BELOW IS FOR FINANCE ONLY

APPROVED BY:

Nicole Baker, Finance Director

DATE OF SIGNATURE

SEND COMPLETED REQUEST TO: NICOLE BAKER MC5305

NO FAXED COPIES

MANAGER'S

ACNOWLEDGEMENT: _____ DATE: _____

Clinton Propfe