



# 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), <b>CONTACT SANDY LEBA EXT. 4579</b> FOR INSTRUCTIONS ON OBTAINING CONSULTANT/AFFILIATE ACCESS AS HR PROCESSING MUST OCCUR PRIOR TO FINANCIAL ACCESS. <b>CHECK THIS BOX TO CONFIRM YOU HAVE CONTACTED HR.</b>	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	
<p>_____</p> <p style="text-align: center;">REQUESTOR</p>	
<p>_____</p> <p>DEPARTMENT HEAD SIGNATURE (UConn Health manager, PI, Dept. Head or higher)</p>	<p>_____</p> <p>DATE</p>
<p>_____</p> <p>DEPARTMENT HEAD PRINTED NAME</p>	<p>_____</p> <p>DATE</p>

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 OR HIGHER PRINT:	FINANCE DIRECTOR OR HIGHER 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:**

Finance Director or Higher

DATE OF SIGNATURE

**SEND COMPLETED REQUEST TO: CLINTON PROPFE MC5305**

**NO FAXED COPIES**

**MANAGER'S  
ACNOWLEDGEMENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Clinton Propfe