Last Updated: 09/20/2017



CUNYfirst Travel and Expenses User Access Request Form - PRODUCTION

Please Note: This is a required form to gain access to the PeopleSoft system, and must be requested by the employee's manager. No employee may request access for themselves. For transferring employees, a separate form must be completed from the Campus and/or Department transferring FROM and TO in order to modify access in both areas. This request must be made in advance of the Effective Date of the personnel action.

Security is granted by Business Unit.

	N SECTION:			
Last Name:	First Name:	-		
CUNYfirst Emp ID *:	*: Job Title:			
PayServ ID ('N' number found on pa	aystub) *:			
Official Station* (work location stree	t address/zip code):			
Business Unit / Campus:	Department Na	ime:		
Work Phone:	Ext: CUNY email add			
CONFIDENTIALITY STATE	MENT (Must be signed by the I	Employee):		
use of my User ID could lead to reve	nderstand that I am individually accountable ocation of access rights and further discipli	e for the use of my User ID in the CUNYfirst system. Impro nary proceedings in accordance with CUNY policies, rules		
regulations, and applicable collectiv	e bargaining agreements.			
regulations, and applicable collectiv	e bargaining agreements.	Date:		
regulations, and applicable collective Employee's Signature: ne Travel & Expense Adminic Common Administrators and Common Administrator and Common Administrators and Common Administrators and Common	e bargaining agreements. strator is responsible for following	ng the steps in the Job Aid for Travel & SL. Coordination is also required with the		
regulations, and applicable collective Employee's Signature: ne Travel & Expense Adminic xpense Administrators and of	strator is responsible for following coordinating with the campus AS se user is also a vendor in CUNY	ng the steps in the Job Aid for Travel & SL. Coordination is also required with the		
regulations, and applicable collective Employee's Signature: ne Travel & Expense Adminitive Expense Administrators and one of the Expense Administrators and one of the Expense Expen	strator is responsible for following coordinating with the campus AS se user is also a vendor in CUNY	ng the steps in the Job Aid for Travel & SL. Coordination is also required with the		
Employee's Signature: Travel & Expense Adminicipense Administrators and of MU to ensure that the expense TRAVEL & EXPENSE ADM Create and validate the Expense U	strator is responsible for following coordinating with the campus AS se user is also a vendor in CUNY	ng the steps in the Job Aid for Travel & SL. Coordination is also required with the /first.		

Travel and Expenses Functional Roles

ASLs should assign roles below only AFTER the Travel & Expense Administrators in Campus have completed and signed the above section.

<u>NOTE</u>: ASLs must associate the Employee ID with the User ID on the ID Tab of the Distributed User Profiles page.

Functional Role Description	Add	Remove
Travel and Expense Entry		
Travel and Expense Delegate Entry (Proxy)		0.000 0.000
Travel and Expense Supervisor		
Travel and Expense Department Level 1		
Travel and Expense Department Level 2		i stix
Travel and Expense Pre-Pay Auditor		
Campus Travel and Expense Administrator		-
Travel and Expense Budget Reviewer		

Primary Permission List and Row Level Security is Required (Normal Handling)

Primary Perr ONLY ONE)	mission List & Row Level Security
CUFSDPAPxxx	(Travel and Expense Only)
Keep Existing	(already a Finance user)

Primary Permission List and Row Level Security is Required (HTR/HCS Only)

User's Primary Permission List & Row Level Security (Check ONLY ONE)		
	CUFSDPAPHTR	(Travel and Expense HTR Only)
	CUFSDPAPHCS	(Travel and Expense HCS Only)
	CUFSDPAPHTRAL	L (HTR and HCS Both)*

Primary Permission List and Row Level Security is Required (GRD/HON)

User's Primary Permission List & Row Level Security (Check ONLY ONE)			W 4408
	CUFSDPAPGRD	(Travel and Expense for all GRD/HON)*	

^{*}Purchasing and Payables Employees for HCS and HTR are common

^{*}GRD does Purchasing and AP for I GRD/HON Business Units

Approvals and Special Consideration

EOD EMBLOYEE			
FOR EMPLOYEE			
Last Name:		First Name:	
Date of Security Activation:	OR	Date of Security Deactivation:	
		F *	
MANAGERIAL REQUEST			
Business unit:		Department:	
Requesting Manager Last Name:		First Name:	
Requesting Manager Signature:		Date:	
APPROVALS:			
Control Control (Control Control Contr			124407
*Business Manager Last Name:	- 10451	First Name:	
*Business Manager Signature:		Date:	
**VP of Administration Last Name:		First Name:	
**VP of Administration Signature:		Date:	
***Central Office Controller/Deputy Last Name:		First Name:	
***Central Office Controller/Deputy Signature:		Date:	
SPECIAL CONSIDERATIONS OR COMMENTS: (List add	ditional r	oles required below)	
B			8-11
		9 10000	
	V		
9			

- Business Mgr approval is required for card holders, card proxies, card buyers and card supervisors
- ** Card Approvers require VP approval
- *** For Central Office employees ONLY