Consolidated Financial Systems Access Request

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

Return to: Financial Systems Access (FSA) Coordinator
104 Airport Drive, Suite 3100, CB# 1225
Phone 962-3722 or Fax 962-5949

Please fill out the form online, and print for signature.

First Name:	**Last Name:**		**FACS ID:** *Not required for e-Pro Catalog ONLY access*
PID #:	**Onyen:**	Campus Box #:	Phone #:
Email:	Primary Dept #:		**Sub Dept #:**
School Name:	**Primary Dept Name:**		

Department Level Access (Dept #s) : _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Account Level Access (Acct #s) : _____/_____/_____/_____/_____/_____/_____/_____
(If necessary, attach a sheet with additional account and/or department numbers.)

Justification:

FACS Coordinator Name:	**FACS Coordinator Phone #:**

Security Access Request: Type by Action(s) Needed: Add, Change, Delete

A / C / D	System	Access Level	Approval Level
	FRS Mainframe Access	☐ Inquiry only	Not Applicable
	Online Budget Transfer (OBT)	☐ Creator only	Not Applicable
	Flexible Budget Transfers (FBT) (NBX)	☐ Creator only	☐ 1 ☐ 2 ☐ 3
	Finance Data Warehouse *(see Authorizations)*	☐ Division ☐ School ☐ Department ☐ Account(s)	
	Finance Web Focus *(see Authorizations)*	☐ Division ☐ School ☐ Department ☐ Account(s)	
Finance Central Applications (select all that apply)			
	- Small Order Process (SOP) ◯ Creator or ◯ Approver	☐ eProcurement-Catalog ◯ Creator or ◯ Approver	
	- Online Check Request ◯ Creator or ◯ Approver	☐ Departmental Deposits	
	- Online P-Card ◯ Reconciler or ◯ Card Holder		
	- Central Airfare Billing (CABS)	☐ Creator or ☐ Approver	
	- Information Technology Purchases (ITP)	☐ Inquiry or ☐ Approver	
	- Web Requisition and Receiving	☐ Creator or ☐ Approver	
	- Flexible Routing of Electronic Docs (FRED)	☐ Route Administrator	
	- Online Journal Entry	☐ Creator or ☐ Approver	
	- UNC Account Request	☐ Creator or ☐ Approver	
	- Web Travel	☐ Creator or ☐ Approver	

Authorizations: Finance Data Warehouse and Web Focus give **access to confidential payroll information** and detailed financial reporting information. Your signature authorizes access to the financial data maintained in the selected systems.

_____ _____ _____
Dean, Director, Department Head (print) Signature Date

For Finance Use Only:

OPER ID#: _____ Date Processed: _____/_____/_____ By: _____ Date Notified: _____/_____/_____

☐ NC Accounting System NCAS ID#: _____ ☐ Inquiry ☐ Update ☐ Delete

Revised June 2011