



District Name		Users Phone #	
User's Full Name		Date:	
Users Email Address:			
Copy access From:			

SPECIAL INSTRUCTIONS:	
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<input type="checkbox"/>	REQUISITIONER	Accounting Permissions (REQUIRED)	Approval Path. Enter names in order of approving (REQUIRED)
		FUND:	
		FUNCTION:	
		OBJECT:	
		LOCATION:	
		PROGRAM:	

<input type="checkbox"/>	APPROVER	Accounting Permissions (REQUIRED)	Approval Path to be linked and order the approvers
		FUND:	
		FUNCTION:	
		OBJECT:	
		LOCATION:	
		PROGRAM:	

<input type="checkbox"/>	DAILY ATTENDANCE	Building (REQUIRED)	Departments (REQUIRED)	Employee View Permissions (REQUIRED)
<input type="checkbox"/>	Allow unit taken	<input type="checkbox"/> ALL	<input type="checkbox"/> ALL	<input type="checkbox"/> Not Applicable
<input type="checkbox"/>	Allow Take from donation	<input type="checkbox"/> See attached	<input type="checkbox"/> See attached	<input type="checkbox"/> Grant access to employees not assigned to a building
<input type="checkbox"/>	Allow pay out entries	<input type="checkbox"/> Please Specify below	<input type="checkbox"/> Please Specify Below	<input type="checkbox"/> Grant access to employees not assigned to a department
<input type="checkbox"/>	Allow earned entries			<input type="checkbox"/> Grant Access to View/Modify Employee SSN
<input type="checkbox"/>	Allow Prior Balance entries			<input type="checkbox"/> Grant Access to View/Modify Dependent SSN

<input type="checkbox"/>	ACA Processing	<input type="checkbox"/>	Business Official	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>	Payroll Reports Only	<input type="checkbox"/>	Sub Finder
<input type="checkbox"/>	Accounts Payable	<input type="checkbox"/>	District – State Extracts	<input type="checkbox"/>	MD NYSED Extracts	<input type="checkbox"/>	Purchasing Agent	<input type="checkbox"/>	Superintendent
<input type="checkbox"/>	Benefits Administrator	<input type="checkbox"/>	Financial Reports only	<input type="checkbox"/>	Negotiations	<input type="checkbox"/>	Receivables no tables		
<input type="checkbox"/>	Bid Administrator	<input type="checkbox"/>	HR Reports Only	<input type="checkbox"/>	Payroll Processing	<input type="checkbox"/>	Receivables full access		
<input type="checkbox"/>	Bid Requestor	<input type="checkbox"/>	HR Employee Inquiry	<input type="checkbox"/>	Payroll Emp. Inquiry	<input type="checkbox"/>	Reimbursements		

<u>Journal Entry Permissions</u>		<u>Approval Permissions</u>		<u>Account/PO Balance Overrides</u>	
<input type="checkbox"/>	Access to Standard Journal Entries	<input type="checkbox"/>	Can Approve Budget Transfers	<input type="checkbox"/>	Can Exceed Account Balances up to:
<input type="checkbox"/>	Access to Budgetary Adjustments	<input type="checkbox"/>	Can Approve Journal Entries	<input type="checkbox"/>	Can Exceed Account Balances up to:
<input type="checkbox"/>	Access to Opening Entries – Ledger Accts	<input type="checkbox"/>	Requires Budget Transfer Approval	<input type="checkbox"/>	Can Exceed Account PO Balances up to:
<input type="checkbox"/>	Access to Opening Budget Entries - Subsidiaries	<input type="checkbox"/>	Requires Journal Entry Approval	<input type="checkbox"/>	Can Enter Unbalanced Journal Entries

STATEMENT OF CONFIDENTIALITY:

By submitting this application, you are agreeing to:

1. I will not share my password
2. Any action or activity taken with a password will be attributed to the owner of the password
3. Not obtain unauthorized access to and use of an account and network facilities, for personal or private use
4. Not divulge the contents of any database holding personal confidential information related to children, parents or school business operations

The Financial Services Help Desk, reserves the right to change a user’s password if they are aware the password has been shared.

I understand if there is any indication or unauthorized user or abuse of the system; or any other action, which interferes with the proper functioning of the system; or infringes on the rights or other users; the NYS Education Department, Broome Tioga BOCES, or other government agencies, such actions or events may be referred to the appropriate authorities for disciplinary or legal action. System users have a responsibility to maintain the integrity of the system and to use it only in an authorized and appropriate manner.

Users Signature		Authorized Signature	
Please Print		Please Print	