

CUNY first Financials Reporting User Access Request

EMPLOYEE INFORMATION SECTION (Please Print) :						
Last Name:	First	MI:				
CUNYfirst (Empl ID) *: Job Title: □ * Check here if you do NOT have a CUNYfirst User ID & if this is a NEW request for a CUNYfirst User ID (leave CUNYfirst User ID blank)						
□ Full time □ Part time If you are a student, please specify college:						
Business Unit / Campus:	Dept / Office:					
Work Phone: Ext:	Ext: CUNY email address:					
Reason for request:						
CONFIDENTIALITY STATEMENT (must be signed by the Employee):						
I understand that I am individually accountable for the use of my User ID in the CUNY <i>first</i> system. Improper use of my User ID could lead to revocation of access rights and further disciplinary proceedings in accordance with CUNY policies, rules and regulations, and applicable collective bargaining agreements.						
Employee's Signature:	s Signature: Date:					
ACCESS LEVEL SECTION						
ACCESS LEVEL SECTION						
Action Requested (Check Only One): Add Access Revise Existing Access Delete Access						
Add Delete Query Manager Role						
☐ ☐ CU_FSGL_QUERYDESIGNER_PRIVATE	Query Manager Access – Create Private Queries only					
Data Roles (non-NPI) Add Delete Add Delete						
☐ ☐ CU_FS_QTREE_AP_ALL	AP Query Access Group					
☐ ☐ CU_FS_QTREE_COMBO_EDIT	Combo Edit Query Access Group					
☐ ☐ CU_FS_QTREE_GL_ALL	GL Query Access Group					
☐ ☐ CU_FS_QTREE_PO_ALL	PO Query Acess Goup					
Data Palas (AIDI)						
Data Roles (NPI) Add Delete Add Delete						
☐ ☐ CU_FS_QTREE_NPI_ALL	NPI FS ALL- Query Access Group					
☐ ☐ CU_FS_QTREE_NPI_AP	NPI AP Query Access					
☐ ☐ CU_FS_QTREE_NPI_GL	NPI GL Access Group					
☐ ☐ CU_FS_QTREE_NPI_PO	NPI PO Query Access Group					
Primary Permission List:						
Row Level Security:						
Rusiness Unit to be accessed:						



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APPROVAL SECTION				
Requesting Supervisor:				
Business Unit / Campus:		Department / Office:		
Name:		Title:		
Phone:	Email:			
Signature indicating approval:			Date:	
Business Owner / Financial Records:				
Name:		Title:		
Phone:	Email:			
Signature indicating approval:			Date:	
University Security Officer:				
Name:		Title:		
Phone:		Email:		
Signature indicating approval:	_		Date:	

Submit this form to your Application Security Liaison.