

CUNYfirst Procurement 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.

EMPLOYEE INFORMATION SECTION:	
Last Name: _____	First Name: _____
CUNYfirst Emp ID *: _____	Job Title: _____
Business Unit / Campus: _____	Department Name: _____
Work Phone: _____ Ext: _____	CUNY email address: _____
CONFIDENTIALITY STATEMENT (Must be signed by the Employee):	
I understand that the data obtained from any CUNYfirst system is to be considered confidential and NOT to be shared with anyone who is not authorized to receive such data. I understand that I am individually accountable for the use of my User ID in the CUNYfirst 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: _____	Date: _____

Procurement Roles

Role Description	Add	Remove
Requester*		
Creator**		
Requester's Supervisor		
Department Approver – Level 1****		
Department Approver – Level 2****		
IT Category Approver		
Facilities Category Approver		
Hazmat Category Approver		
Budget Reviewer***		
Buyer		
PO Approver		
Receiver		
Inspector		
AP Voucher Entry		
AP Pend 3(Level1) Approver (Community Colleges)		
AP Pend5(Level2) Approver (Community Colleges)		
AP Approver (Senior Colleges)©		
Contract Entry ^		

*All Requesters must also specify their Supervisors ([See Step#1 below](#))

** For Creator, specify the requestor for whom this individual is creating the requisition ([See Step#2 below](#))

**** For Department Approvers ([See Step#3 below](#))

***If no Department Approver is found on a Requisition, then Budget Reviewer in the campuses will be notified via Worklist

© AP Approvers for Senior Colleges must not check AP Voucher Entry and vice versa as per New York State Policy

^ Refer to Contract Processing section for details ([See Page 4 of 5](#))

Additional Information for Specific Procurement Roles

1) For Requestor (To be verified by Supervisors/Department Heads). Work with your local Budget Office for assistance

Supervisor Employee Id	
Location (room or cubicle code)	
Ship To (Loading Dock room code at the campus)	
Requestor Phone	
Requestor Fax	
GL Business Unit	
Default Fund (10, 11, 20 or 61)	
Default Department	
Default Major Purpose (MP)	
Default Operating Unit (Oper Unit)	
Default Program (Fill 99999 if Not Applicable)	
Default Funding Source (Fnd Src) (Fill 999999 if Not Applicable)	
Default Special Initiative (Sp Init) (Fill 9999 if Not Applicable)	

2) For Creator (To be verified by Requestor’s Supervisors/Department Heads)

Authorized for Requestors’ Employee Id	Authorized for Requestors’ Employee Id and Name

3) For Department Approver (Level 1 and Level 2)

Approver Employee ID	CUNYfirst Department ID

Only One Primary Permission List is required

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

User's Primary Permission List & Row Level Security	
(Check ONLY ONE)	
<input type="checkbox"/>	CUFSDPAPxxx (Procurement Only)
<input type="checkbox"/>	CUFSDPAPxxxSF (Student Refunds Only)
<input type="checkbox"/>	CUFSDPAPxxxALL (Procurement and Student Refunds Both)
<input type="checkbox"/>	Keep Existing (already a GL user)

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

User's Primary Permission List & Row Level Security	
(Check ONLY ONE)	
<input type="checkbox"/>	CUFSDPAPHTR (Procurement HTR Only)
<input type="checkbox"/>	CUFSDPAPHCS (Procurement HCS Only)
<input type="checkbox"/>	CUFSDPAPHTRALL (HTR and HCS Both)*

**Purchasing and Payables Employees for HCS and HTR are common*

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

User's Primary Permission List & Row Level Security	
(Check ONLY ONE)	
<input type="checkbox"/>	CUFSDPAPGRD (Procurement for all GRD/HON/SOJ/SPS)*
<input type="checkbox"/>	CUFSDPAPSPS (Procurement SPS Only)
<input type="checkbox"/>	CUFSDPAPSOJ (Procurement SOJ Only)
<input type="checkbox"/>	CUFSDPAPHON (Procurement HON Only)

**GRD does Purchasing for All GRD/HON/SOJ/SPS and GRD does Payments for GRD and HON Business Units*

Student Refunds (Colleges)

Role Description	Add	Remove
Student Refunds - Campus		

Student Refunds (Central Office - Only)

Role Description	Add	Remove
Student Refund - Central Office		
Student Refund – Payment Update		
Bank Reconciliation		

WorkStudy Payroll Taxes (Central Office - Only)

Role Description	Add	Remove
AP Voucher Entry		
AP Pend 3(Level1) Approver		
AP Pend5(Level2) Approver		

Vendor Management (Central Office - Only)

Role Description	Add	Remove
Vendor Admin		

Contract Processing

Role Description	Add	Remove
Contract Entry		
Contract Approval (Central Office - Only)		

Outside Legal Services Approver (Central Office - Only)

Role Description	Add	Remove
Legal Category Approver		

NOTE:

Requesters, Receivers and Inspectors must obtain approval from campus Business Managers.

Requisition Approvers (Supervisors, Department Lev 1 and Lev 2) and Category Approvers must obtain approval from Vice President of Administration or his/her designee at the campus

Refer to the "Approvals and Special Consideration" section of the form for signatures

Approvals and Special Consideration

FOR EMPLOYEE	
Last Name:	First Name:
Date of Security Activation:	OR Date of Security Deactivation:

MANAGERIAL REQUEST	
Business unit:	Department:
Requesting Manager Last Name:	First Name:
Requesting Manager Signature:	Date:

APPROVALS:	
*Central Office Controller/Deputy Last Name:	First Name:
*Central Office Controller/Deputy Signature:	Date:
Business Manager Last Name:	First Name:
Business Manager Signature:	Date:
VP of Administration Last Name:	First Name:
VP of Administration Signature:	Date:

SPECIAL CONSIDERATIONS OR COMMENTS: (List additional roles required below)

* for Central Office employees ONLY