University of South Alabama – Banner Finance Security Form

1. General Person (User) Information

Last Name: [____]   First Name: [____]   Middle Initial:

Department: [____]   Position/Title: [____]   Phone: [____]

E-mail: [____]   J-Number: [____]   Fax: [____]

DOB: [____]

Select One: ☐ Faculty   ☐ Staff   ☐ P.I.   ☐ Administrator   ☐ Student   ☐ Other – Attach Explanation

2. Select Type of Security Access Being Requested

☐ Request General Access to Banner Finance
☐ Change Specific Fund/Organization Access
☐ Delete All Access to Banner Finance

Business Office Use Only		
Oracle ID: [____]	By: [____]	
FOMPROF: [____]	By: [____]	
Term. Date: [____]	By: [____]	

3. General System Access Information

Do you currently have a Banner Login name?   ☐ Yes   ☐ No   If "Yes" Enter Name: [____]

Have you received Banner Navigation Training?   ☐ Yes   ☐ No   If "Yes Enter Date: [____]

4. Banner Finance Specific Organization Access (List Organization Code(s) and Fund Code(s) to be Accessed)

Organization Code   Fund Codes – List individually or check box to indicate all Funds for this Org.

[____]
☐ All Funds for this Org
☐ All Grants for P.I.

[____]
☐ All Funds for this Org
☐ All Grants for P.I.

[____]
☐ All Funds for this Org
☐ All Grants for P.I.

5. Type of Access:

☐ Create Requisitions   ☐ Approver (Limit: _____)   ☐ E-Print   ☐ Budget Query   ☐ ID-Search

6. User Responsibility Agreement and Approval

Before receiving access to university computing systems, you must read and agree to the following statement:

I understand that as part of my duties and responsibilities as an employee of the University of South Alabama, I may be given access to one or more administrative computer systems. The information contained in these systems may be of a private and confidential nature and I acknowledge it is my responsibility to maintain the privacy of these records.

Furthermore, I have read the Computer Center policy concerning security and understand all the requirements and guidelines stated therein. I understand I am responsible for NOT sharing any passwords to which I have access with any other individual and I will be held accountable for any invalid use of my user identification. I further acknowledge that my failure to follow these security guidelines will subject me to disciplinary action up to and including dismissal and possible legal action.

_____   _____   _____   _____
User's signature   Date   Department Head   Date

_____   _____   _____   _____
Accounting Approval   Date   Profile Created By   Date

Please forward completed form to Business Office AD380