



REQUEST FOR FINANCE DATA ACCESS

This form is required to gain access to University of Notre Dame budget management data and to shop for, requisition and/or purchase goods and services through *buyND*. The Controller's Office will notify you when setup has been completed. Full functionality may not be available within the Banner financial system before notification has been received.

Section 1: User Information

Name: _____

Title: _____ Net ID: _____

Department: _____

Email Address: _____ Campus Phone: _____

What action do you need performed on your account (leave blank if no action is required)?

Budget Management Access Action Requested: Add Change Delete (complete section 2)

buyND Access Action Requested: Add Change Delete (complete section 2 and see section 3)

I understand it is my responsibility to notify the Controller's Group in a timely fashion of any change in access rights due to new account assignments, transfers, or terminations. My signature indicates that the security requested for the above listed person is appropriate for their job duties.

_____ User Signature	_____ Print Name	_____ Date
_____ Departmental Approval Signature	_____ Print Name	_____ Date
_____ Controller's Signature	_____ Print Name	_____ Date

Section 2: Fund & Organization Access Information

Access can be controlled using a combination of *fund* and *organization* codes. Operating budget accounts are defined by the *organization* code. Special spending accounts and grants are defined by the *fund* code. The hierarchy structure within the Banner financial system allows access to be granted at selective high level *fund* or *organization* to provide to all current and future accounts without any further action. For example, the department administrative assistant in Physics could be granted access to the Physics high level *organization* allowing access to all existing and future Physics department accounts: the operating budget, special spending funds, grants, etc. If such broad access is not desired then access can be limited down to the individual *fund* or *organization* code.

For users that need access to monitor budget information, **enter Q for Query only**. For users requesting *buyND* access to make purchases or approve purchasing transactions, **enter P for Purchasing Authority Only**. For users that need access to both systems, **enter B for both Query and Purchasing**.

1. Which organization is the user requesting access to?

_____ Org Title Name	_____ Org Code (5 digit)
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2. Does the user require broad fund access to this organization?
 Yes No If yes, complete step 3. If no, complete step 4.

3. Please specify if the user should have broad access to each of the ranges of funds below by marking the yes or no checkboxes. If a yes is marked, then also specify which type of access they should have within those funds:

		YES	NO	Query	Purchasing	Both
Operating Budget Fund	(100000-199999)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grants/Contracts	(200001-299999)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discretionary Accounts	(31XXXX-389999)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endowment Funds	(600001-699999)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency Accounts	(800000-849999)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant Funds	(900001-999999)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please specify the exact funds that the user should have access to and mark what type of access they should have for those funds.

Fund Title Name	Fund Code (6 digit)	Query	Purchasing	Both
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If more space is needed to complete this section, please use the Comments section.

Section 3: buyND Access

The process for buyND access requires completion of the following steps:

1. If a user will be creating requisitions, he or she must attend an appropriate buyND training class (registration available at <http://ilearn.nd.edu>)
2. Updated workflow information must be submitted to Procurement Services by a department's Budget Administrator.

Please note that access to buyND cannot be granted without appropriate workflow information. In the event of a change in department, workflow information must be updated by both the original and new department involved.

Section 4: Comments

Please add any additional comments regarding access here:

Section 5: Payroll Access to e-Print Payroll Distribution Reports

The University recognizes the administrative need to delegate various payroll duties to selected Faculty or Staff Members. This form serves to document the authorization of e-Print Payroll Distribution reports to ensure appropriate controls are in place to monitor the exchange of personnel information in accordance with University, State and Federal privacy guidelines.

Payroll Access Authorized By:

Chair/Director Signature

Dean/Vice-President Signature

Date

Employee Responsible Use Policy

I understand the payroll information to which I am receiving is confidential. I will not share it except as required by my University duties. Also, I understand it is my responsibility to notify the Controller's Group in a timely fashion of any change in access rights due to new account assignments, transfers, or terminations.

Employee Signature

Date

Section 6: For Internal Use Only

OIT:	Procurement Services:	Controller's Office:
<input type="checkbox"/> Net ID verified <input type="checkbox"/> Oracle/Banner ID completed <input type="checkbox"/> ePrint class assigned <input type="checkbox"/> Portal access group set (SSB or ePrint only)	<input type="checkbox"/> Workflow update received <input type="checkbox"/> User HM accounted loaded <input type="checkbox"/> buyND training completed _____ <input type="checkbox"/> Related HM accounts updated <input type="checkbox"/> EDS bit set	<input type="checkbox"/> Fax OIT <input type="checkbox"/> Copy to Procurement Services <input type="checkbox"/> FUND-ORG security assigned <input type="checkbox"/> ePrint class _____ <input type="checkbox"/> User notified _____
		<input type="checkbox"/> INB Role _____ _____ _____
		<input type="checkbox"/> Internal Use Only Rule Group _____ _____

**PLEASE SUBMIT THIS FORM TO THE CONTROLLER'S OFFICE (800 GRACE HALL)
OR FAX THE FORM TO 631-4983**