

CUNYfirst Travel and Expenses 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: | | NYS EMPL ID: |
| Last Name: | | First Name: |
| CUNYfirst Emp ID *: | Job Title: | |
| Official Station* (work location street address/zip code): | | |
| Business Unit / Campus: | | Department Name: |
| Work Phone: | Ext: | CUNY email address: |
| CONFIDENTIALITY STATEMENT (Must be signed by the Employee): | | |
| <p>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.</p> | | |
| Employee's Signature: _____ | | Date: _____ |

The Travel & Expense Administrator is responsible for following the steps in the Job Aid for Travel & Expense Administrators and coordinating with the campus ASL. Coordination is also required with the VMU to ensure that the expense user is also a vendor in CUNYfirst.

| | |
|--|---|
| TRAVEL & EXPENSE ADMIN'S SECTION: | |
| Create and validate the Expense User in the Organization Data table | <input type="checkbox"/> Check if completed |
| E-mail to SFS-FMS.Security@cuny.edu to set up Official Station in SFS | <input type="checkbox"/> Check if completed |
| T&E Admin's Signature: _____ Date: _____ | |

Travel and Expenses Functional Roles

ASLs should assign roles below only AFTER the Travel & Expense Administrators in Campus have completed and signed the above section.

NOTE: ASLs must associate the Employee ID with the User ID on the ID Tab of the Distributed User Profiles page.

| Functional Role Description | Add | Remove |
|---|-----|--------|
| Travel and Expense Entry | | |
| Travel and Expense Delegate Entry (Proxy) | | |
| Travel and Expense Supervisor | | |
| Travel and Expense Department Level 1 | | |
| Travel and Expense Department Level 2 | | |
| Travel and Expense Pre-Pay Auditor | | |
| Campus Travel and Expense Administrator | | |

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 (Travel and Expense Only) |
| <input type="checkbox"/> | Keep Existing (already a Finance user) |

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

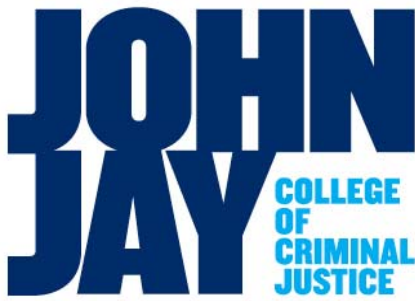
| User's Primary Permission List & Row Level Security | |
|---|--|
| (Check ONLY ONE) | |
| <input type="checkbox"/> | CUFSDPAPHTR (Travel and Expense HTR Only) |
| <input type="checkbox"/> | CUFSDPAPHCS (Travel and Expense HCS Only) |
| <input type="checkbox"/> | CUFSDPAPHTRALL (HTR and HCS Both)* |

*Purchasing and Payables Employees for HCS and HTR are common

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

| User's Primary Permission List & Row Level Security | |
|---|---|
| (Check ONLY ONE) | |
| <input type="checkbox"/> | CUFSDPAPGRD (Travel and Expense for all GRD/HON)* |

*GRD does Purchasing and AP for I GRD/HON Business Units



CUNYfirst Employee Data Update Form
For Travel and Expense Users Only

Complete this form, print it out and return it in person or by inter-office mail to the
Business Office – Annex Rm 739 att. Mark Flower (ext. 3789)

Last Name: _____ First Name: _____

Department: _____

Social Security Number: ____-____-____ Phone: _____

CUNYfirst Empl. ID: _____ NYS Empl ID: _____
(found on your paystub)

Home Address: _____

City: _____ State: _____

Zip: _____ email: _____

Note: The information provided on this form will be used for CUNY Central Vendor Management registration for CUNY employees expected to receive travel reimbursement.