

# Finance Authority Application

**APPLICANT INFORMATION**

CSULB ID: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Dept ID: \_\_\_\_\_

**REQUEST TYPE**     New Access     Modify Access

**BUSINESS UNITS**     LBCMP     LBFDN     LB49R     LBSTU     LBCSU     LBGAP

**ROLES** - Select the User Group(s), Role(s), Department Category(s) and Action.

| User Group | Role | Department Category | Action | Comments |
|------------|------|---------------------|--------|----------|
|            |      |                     |        |          |
|            |      |                     |        |          |
|            |      |                     |        |          |
|            |      |                     |        |          |
|            |      |                     |        |          |
|            |      |                     |        |          |

**ONLINE APPROVALS** - Include the employee name(s) that are authorized to approve or will request to approve requisitions.

| Who Can Approve My Request | Requestors I Can Approve |
|----------------------------|--------------------------|
|                            |                          |

**DATA WAREHOUSE DEPARTMENT LEVEL ACCESS** - Please select the highest level of access needed. If only a division or sub-division is selected, then all of its sub-divisions or departments will automatically be included.

| Division Name | Sub-Division | Dept ID | Dept ID | Dept ID | Dept ID | Dept ID |
|---------------|--------------|---------|---------|---------|---------|---------|
|               |              |         |         |         |         |         |
|               |              |         |         |         |         |         |
|               |              |         |         |         |         |         |

**APPLICANT AGREEMENT**     By checking this box, I certify that I have read the above "**CONFIDENTIALITY OF FINANCIAL RECORDS AND INFORMATION POLICY**", I understand it, and I agree to comply with its terms and conditions.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_  
 Applicant Email: \_\_\_\_\_

**ADMINISTRATOR APPROVAL**     By checking this box, I certify that this access is appropriate for the applicant's duties and responsibilities.

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_  
 Administrator Email: \_\_\_\_\_

**SYSTEM SECURITY COMPLETED BY**

Security Administrator: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

**WORKFLOW SUBMITTAL** - The FAA form attached to the applicant and administrator's "**csulb.edu**" e-mail is an acceptable method of authentication, so signatures are not required as long as both e-mail receipts are sent to the FIS Help Desk.

**TIMESTAMPS**    Applicant: \_\_\_\_\_ Administrator: \_\_\_\_\_ FIS Help Desk: \_\_\_\_\_ Version: \_\_\_\_\_