CALIFORNIA STATE UNIVERSITY LONG BEACH

# Finance Authority Application

Instructions

**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. See instructions for definitions.

| User Group | Role | Department Category | Action | Comments |
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**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 |
|---|---|
| Not Applicable | Not Applicable |

**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 |
|---|---|---|---|---|---|---|
| Not Applicable | | | | | | |
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## CONFIDENTIALITY OF FINANCIAL RECORDS AND INFORMATION POLICY

Information contained in financial records must be maintained in a confidential manner at all times.

As an employee with access to records in the Financial Management Information System or from any other source, you are required to maintain this information in a confidential manner. The unauthorized access to, modification, deletion, or disclosure of information in the PeopleSoft Financials System may compromise the integrity of the system or otherwise violate individual rights of privacy and/or constitute a criminal act.

**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.

Applicant sends form to the appropriate administrator for approval and the FIS Help Desk is copied for authentication. **Send**

**TIMESTAMPS** Applicant: _____ Administrator: _____ FIS Help Desk: _____ Version: 4.0