

## 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.**

<b>EMPLOYEE INFORMATION SECTION:</b>		
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:
<b>CONFIDENTIALITY STATEMENT (Must be signed by the Employee):</b>		
<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.**

<b>TRAVEL &amp; EXPENSE ADMIN'S SECTION:</b>	
Create and validate the Expense User in the Organization Data table	<input type="checkbox"/> Check if completed
E-mail to <a href="mailto:SFS-FMS.Security@cuny.edu">SFS-FMS.Security@cuny.edu</a> 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

## Approvals and Special Consideration

FOR EMPLOYEE	
Last Name:	First Name:
Date of Security Activation:	<b>OR</b> Date of Security Deactivation:

MANAGERIAL REQUEST	
Business unit:	Department:
Requesting Manager Last Name:	First Name:
Requesting Manager Signature:	Date:

APPROVALS:	
*Business Manager Last Name:	First Name:
*Business Manager Signature:	Date:
**VP of Administration Last Name:	First Name:
**VP of Administration Signature:	Date:
***Central Office Controller/Deputy Last Name:	First Name:
***Central Office Controller/Deputy Signature:	Date:

SPECIAL CONSIDERATIONS OR COMMENTS: (List additional roles required below)

- \* Business Mgr approval is required for card holders, card proxies, card buyers and card supervisors
- \*\* Card Approvers require VP approval
- \*\*\* For Central Office employees ONLY



## CUNYfirst Travel and Expense User – Additional Information Form

Pay Status:  Active  Leave  Leave w/Pay

### Employee Information:

SSN (9 - digit)*	
NYS EMPL ID**	
Home Address	
City	
State	
Zip	

\*Full SSN required by CUNY Vendor Management Unit

\*\*Refer to your CUNY Pay Statement/Payroll check stub for the NYS EMPL ID (located directly under the "Pay Start/End Dates")

### CUNYfirst Chartfields\*\*\* - Department Budget Information:

Operating Unit	Fund	Dept. #	Program Code	Major Purpose	Special Initiative	Funding Source

\*\*\*Refer to the [Chartfield Lookup Tool](#) for information

### Functional Role Names:

	Name	CUNYfirst EMPL ID
Travel and Expense User		
Travel and Expense Supervisor		
Travel and Expense Delegate (Optional)		

**\*\*\* DO NOT EMAIL OR ELECTRONICALLY TRANSMIT THIS FORM. DELIVER THE HARD COPY TO ACCOUNTS \*\*\*  
PAYABLE, WINGATE HALL, ROOM 112**