

## Parnassus Financials Account Access Form

<b>Employee Information</b>	<i>(to be completed by employee. All info is required.)</i>
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1. Name: \_\_\_\_\_
2. Department: \_\_\_\_\_
3. Campus Phone: \_\_\_\_\_ 4. Email: \_\_\_\_\_
5. Start date of requested account access: \_\_\_\_\_

<b>Type of Change Requested</b>	<i>(to be completed by supervisor. Check one.)</i>
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- New Staff Position     Reassign Access (Previous user: \_\_\_\_\_)     Change

<b>Responsibility(s) Requested</b>	<i>(to be completed by supervisor)</i>
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- Finance Apps (Account Inquiry, Budget Transfers, Procard Transactions) - **Training required**
- iProcurement (Requisition entry, Receiving) - **Training required**

**Parnassus Requisition Approver:** \_\_\_\_\_

- EZ Pay - **Training required**
- Account Inquiry Only

<b>Account Access Needed</b>	<i>(to be completed by supervisor)</i>
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Please list the specific department or project numbers that you need employee to access. If you have checked "Reassign Access" above and listed previous user, disregard this section.

Additional Information (if needed):

<b>Signature and Authorization</b>	<i>(All information is required)</i>
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I understand that by using Ithaca College computer and network resources that I am required to adhere to the policies set forth in the [Ithaca College All College Computer and Network Use Policy](#) and other additional policies, such as [Ithaca College Use and Release of Student Information](#), that govern confidentiality, access, use and release of information. I understand that failure to abide by Ithaca College policies may result in the loss of computer and/or network privileges and/or other College or legal action.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As a supervisor I understand I **must** have access to these accounts myself and have authority within my area to grant access.

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

FAX to Financial Services: 607. 274.1007

**Financial Services Use Only:**

Responsibility Granted by:

Name of Responsibility(s):

Date: