

Parnassus Financials Account Access Form

Employee Information: *(To be completed by the employee. All information is required.)*

1. Name: _____ 2. Department: _____
3. Campus Phone: _____ 4. Email: _____
5. Start date of requested account access: _____ 6. Direct Supervisor: _____

Type of Change Requested: *(To be completed by the supervisor.)*

New Staff Position Temp Employment HR Temp IC Affiliate
Change Current Access: Remove Old Access Add New Access Add to Existing Access
 Reassign Access (Previous User*: _____) Date Leaving: _____
**Previous user's access will be removed on date leaving.*

Responsibility(s) Requested (Training Required for All Access): *(To be completed by the supervisor.)*

Finance Apps (Account Inquiry, Budget Transfers, Credit Card Transactions, Argus Reports)
 Account Inquiry Only (Running Reports, Viewing Account Information, Argus Reports)
 EZ Pay
 IC Marketplace Buyer
 iProcurement (Requisition Entry, Receiving)
Parnassus Requisition Approver (Required for iProcurement Access) : _____
 Other: Please List _____

Account Access Needed: *(To be completed by the supervisor.)*

Please list the specific department, department name, or department code that you need the employee to access.

Signature and Authorization (Employee): *(All information is required.)*

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:** _____
Print Name: _____ **Title:** _____

Signature and Authorization (Supervisor): *(All information is required.)*

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

Supervisor's Signature: _____ **Date:** _____
Print Name: _____ **Title:** _____

FAX to Financial Services: 607. 274.1007

Financial Services Use Only:

Training Date(s): _____ **Notify User of Access Granted:** Y/N

Practice Access: Y/N **Date Granted:** _____ **Granted By:** _____ **BI Report Access:** _____
Responsibilities Granted: _____

Production Access: Y/N **Date Granted:** _____ **Granted By:** _____ **ICM Prod Access:** _____
Responsibilities Granted: _____