

Banner Security Class Selection (Supplement to the Request for Computer Systems Access Form)
Print this form! Place a check mark next to the appropriate security class needed for your employee. Custodian signature is required per section as indicated. This must accompany the Request for Computer Systems Access Form.

EMPLOYEE INFORMATION:

Date: mm/dd/yyyy: _____

Employee ID: _____ Employee Name: _____ User ID: _____

UBAN **PBAN**

Accounting & Financial Reporting Group

FIN_COA_MAINTENANCE

FIN_FISCAL_MONITOR

FIN_AP_CLERK

FIN_AP_CHECK

FIN_AP_MANAGER

Print Name: _____ **Signature** _____ **Date** _____

AFR Director must authorize the assignment of security classes!

Budget Group

BUD_CUSTODIAN

BUD_CLERK

Print Name: _____ **Signature** _____ **Date** _____

Budget Director must authorize the assignment of security classes!

Cost Accounting & Reporting Group

FIN_FISCAL_MONITOR

FIN_BANK_RECON

FIN_PRPOP_CLERK

FIN_PROP_MGMT

FIN_PROP_PHYSICAL

Print Name: _____ **Signature** _____ **Date** _____

CAR Director must authorize the assignment of security classes!

Controller Group

FIN_CUSTODIAN

FIN_ADMIN

Print Name: _____ **Signature** _____ **Date** _____

Controller must authorize the assignment of security classes!

Central Purchasing & Risk Management Group

FIN_CENTRAL_REC

FIN_PURCH_CLERK

FIN_PURCH_MANAGER

Print Name: _____ **Signature** _____ **Date** _____

CPO Director must authorize the assignment of security classes!

Financial Systems Administration

- | | |
|--|---|
| <input type="checkbox"/> FIN_REPORT_WRITER | <input type="checkbox"/> FIN_SECURITY |
| <input type="checkbox"/> FIN_FSA_HELP_CTR | <input type="checkbox"/> HR_REPORT_WRITER |
| <input type="checkbox"/> HR_FSA_SECURITY | <input type="checkbox"/> HR_FSA_HELP_CTR |
| <input type="checkbox"/> AR_SUPPORT | <input type="checkbox"/> AR_REPORT_WRITER |

Print Name: _____ **Signature** _____ **Date** _____

FSA Director must authorize the assignment of security classes!

Sponsored Projects Account Group

- | | |
|---|---|
| <input type="checkbox"/> FIN_GR_CREATE | <input type="checkbox"/> FIN_ACCTG_CASH_RECEIPT |
| <input type="checkbox"/> FIN_RA_MANAGER | <input type="checkbox"/> FIN_FISCAL_MONITOR |
| <input type="checkbox"/> FIN_BILLING | <input type="checkbox"/> HR_PSL_MOD_QUERY |
| <input type="checkbox"/> HR_PSL_MOD_MAINT | |

Print Name: _____ **Signature** _____ **Date** _____

SPA Director must authorize the assignment of security classes!

HR Office (Personnel)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> HR_CUSTODIAN | <input type="checkbox"/> HR_PAY_MANAGER |
| <input type="checkbox"/> HR_PAY_CLERK | <input type="checkbox"/> HR_BENEFITS |
| <input type="checkbox"/> HR_EHIRE_PER | <input type="checkbox"/> HR_VIEW |
| <input type="checkbox"/> HR_EMPLREL | <input type="checkbox"/> HR_BEN_UHC |
| <input type="checkbox"/> HR_MANAGER | <input type="checkbox"/> HR_DATA |
| <input type="checkbox"/> HR_CLERK | <input type="checkbox"/> HR_OIE |

Print Name: _____ **Signature** _____ **Date** _____

HR Director must authorize the assignment of security classes!

Payroll Office

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> HR_CUSTODIAN | <input type="checkbox"/> HR_PAY_MANAGER |
| <input type="checkbox"/> HR_PAY_CLERK | |

Print Name: _____ **Signature** _____ **Date** _____

Payroll Director must authorize the assignment of security classes!

University Accounts Receivable

- | | |
|--|---|
| <input type="checkbox"/> AR_CUSTODIAN | <input type="checkbox"/> AR_MANAGER |
| <input type="checkbox"/> AR_RECV_CLERK | <input type="checkbox"/> AR_COLLECTIONS |
| <input type="checkbox"/> AR_VIEW | <input type="checkbox"/> AR_SUPV |

Print Name: _____ **Signature** _____ **Date** _____

UAR Director must authorize the assignment of security classes!