



THE RESEARCH FOUNDATION

The State University of New York

Stony Brook University

RF Business System User Form for ADMINISTRATIVE OFFICES

NEW _____ CHANGE _____ ACCESS TERMINATION (date) _____

This form should be completed when requesting that a new user be added to the system, or if a change has occurred, or if access is to be terminated. Forms should be sent to the Campus Security Administrator listed below.

Name (Last, First, MI): _____

Title: _____ Department (ORG): _____

Phone: _____ Email Address: _____

- **ORACLE Responsibilities** (only for staff responsible for data entry transactions into Oracle) :
Supervisor should list all responsibilities that employee needs to perform job duties.

_____	_____
_____	_____
_____	_____

- **PIAI AWARD INTERFACE Responsibilities** (inquiry-only access). Check all that apply:
 -- PI Award Interface All (This includes ALL modules listed below) _____
 -- AP/PO Inquiry (Accounts Payable & Purchasing) _____
 -- AR/Cash Inquiry (Accounts Receivable & Cash Receipts) _____
 -- Grants All (Award summary & detailed financial & administrative information) _____
 -- People Inquiry (Personnel cost) _____

- **IF YOU ARE REPLACING SOMEONE** who currently has the same access you are requesting, and who no longer needs it, please provide the name of the individual you are replacing here: _____

User Signature

Date

The user's signature on the form is acknowledgement that he or she will safeguard the system assets assigned to them and prevent unauthorized use of The Research Foundation computer system.

Supervisor Signature

Date

Supervisor must sign the form. The supervisor's signature on this form is authorization to add the user to the computer system and confirmation that the user requires access to The Research Foundation's computer system to perform job duties. The supervisor will notify the campus security contact of user termination or transfer.

Campus Security Contact: **Tony DeVietro – Email: adevietro@notes.cc.sunysb.edu**
Office of the Vice President for Research
W5530 Melville Library, Zip=3368
Voice: 2-9840 -- Fax: 2-9839

SECURITY ADMINISTRATION USE ONLY

Campus Security Administrator's Signature: _____ Date Completed: _____

Comments: _____