

FRS2K APPLICATION ACCESS REQUEST

Date Initialized: _____

TO BE COMPLETED BY THE DEPARTMENT:

CENTRAL ID: _____ EXT. _____

DEPARTMENT NO.: _____ DEPARTMENT NAME: _____

E-MAIL ADDRESS: _____

CHAIR/DIRECTOR APPROVAL: _____

ACCESS REQUIREMENTS:

Fund(s)	Unit(s)	Unit Name	Grant(s)	Project(s)	Please Circle <u>Payroll</u> <u>Access</u>
<i>Example:</i> <u>100</u>	<u>0123XX</u>	<u>Food Science - All Units</u>	<u>All</u>	<u>All</u>	Y N
_____	_____	_____	_____	_____	Y N
_____	_____	_____	_____	_____	Y N

Please attach a listing of additional accounts if necessary

Balance Sheet Accounts: (Not available at this time)

Fund	Unit	Grant	Project	Object
_____	_____	<u>000000</u>	<u>000000</u>	_____
_____	_____	<u>000000</u>	<u>000000</u>	_____

Please attach a listing of additional accounts if necessary

TO BE COMPLETED BY THE CONTROLLER'S OFFICE:

DATE: _____ APPROVAL: _____

<i>For Controller's Office Use</i>			
CHECKLIST	Done	By/Date	Tested
User ID Assigned & Added	_____	_____	_____
User Password Assigned & Added	_____	_____	_____
Access Tested	_____	_____	_____
User Notified	_____	_____	_____
Authorized Form Signed	_____	_____	_____
Filed	_____	_____	_____

Financial Services, University of Guelph

ACCEPTABLE USE POLICY AND GUIDELINES

Please click on the link below to go to the University of Guelph Acceptable Use Policy and Guidelines. Once you have read the policy in its entirety, please read the statement below and complete the form as required.

<http://www.uoguelph.ca/web/aupg.shtml>

I have read and understand and agree to abide to the Policy and Guidelines as stated in the link above.

Signature _____

Date _____

Name (Please Print) _____ Department Name _____