

BEN FINANCIALS
APPLICATION LOGON ID REQUEST FORM

Part 1. Identification Information (please print)

(To be completed by Requestor)

This is a request for: New Logon ID Delete Logon ID Change Application Access
 Transfer to _____ Transfer from _____

Full Name (include middle initial): _____

Employee Consultant (indicate expiration date ____ / ____ / ____)

University extension: _____ Department: _____

E-mail address: _____ @ _____

Intramural address: _____ Mail Code: _____

Penn ID #: _____ PennKey: _____

Departmental printer name (optional, if known): _____

I understand that this LOGON ID gives me access to administrative computing resources for my exclusive use and support of my work as an employee of or contractor to the University of Pennsylvania. I understand that this access is controlled by my password. I take responsibility for changing my password on a regular basis and for maintaining the secrecy of my password. I understand that I am responsible for anything done on administrative computing resources with my LOGON ID. I take responsibility for maintaining the confidentiality of University information.

Required Signatures:

Requestor: _____ Date: ____ / ____ / ____

Requestor's Supervisor: _____ Date: ____ / ____ / ____

School/Center Access Administrator: _____ Date: ____ / ____ / ____

Trainer: _____ Date: ____ / ____ / ____

(Certifies that requestor has attended General Ledger and Purchasing training)

Part 2. Requested Access-BEN Buys

(To be completed by Requestor's Supervisor)

*** PO Manager** Add Remove

(includes Requisitioner Responsibility)

Dollar Limit Approval Authority \$ _____

Name of Default Approver _____

Requisitioner Add Remove

Name of Default Approver _____

*** If PO Manager responsibility is being deleted, please provide a** _____ @ _____
Username and the e-mail address to which purchasing alerts will
be sent (must be a user with PO Manager responsibility) Username: _____

Send completed forms to:

Financial Systems
 319 Franklin Building
 3451 Walnut Street/6284

To request forms:

See the following website:
<http://www.finance.upenn.edu/comptroller/forms/#BEN>

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Part 3. Requested Access-BEN Balances (To be completed by Requestor's Supervisor)

- | | | | |
|---------------------------------|------------------------------|---------------------------------|--|
| Journal Entry – General | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | |
| Journal Entry - Cash | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | |
| Journal Entry – Special | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | |
| Maintain C-Ref Values (Secured) | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | For Center # _____ |
| Senior BA Reporting (Unsecured) | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | |
| Budget Entry (Secured) | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Change Org List |
| GL Inquiry (Secured) | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Change Org List |
| GL Reporting (Secured) | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Change Org List |
| Freeze Grant (Secured) | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Change Org List |
| Freeze/Unfreeze Grant (Secured) | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Change Org List |

Requested Access-BEN Pays

- | | | |
|-----------------|------------------------------|---------------------------------|
| Invoice Inquiry | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
|-----------------|------------------------------|---------------------------------|

Part 4. Requested Access-BEN Assets (To be completed by Requestor's Supervisor)

- | | | |
|----------------------------|------------------------------|---------------------------------|
| Asset Administrator | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| Senior Asset Administrator | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |

For secured functions, complete the following:

- School/Center-wide access for School/Center # _____
- _____

Departmental access only. List all Organizations to which requestor should have access. Attach separate sheet if Organization access is different between Budget Entry and Inquiry/Reporting.

<u>Org # (4 digits)</u>	<u>Org Name</u>	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> No Change
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5. System Access (To be completed by Security and System Administrators)

[] Authorizations in order. Received ____ / ____ / ____

[] Authorizations incomplete. Returned to sender.

[] Application/Markview

Date completed: ____ / ____ / ____

ID Assigned _____

Initial password: _____

Remarks:

Hierarchy Notification: ____ / ____ / ____