

**BEN FINANCIALS**  
**ACCESS 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>

# BEN FINANCIALS ACCESS REQUEST FORM

Continued

**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 |  |
| Journal Entry – G&C Cost Transfers | <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  Add  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 |
| Asset Inventory            | <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.

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

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_