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 Email: **ovpr_rf_access@stonybrook.edu**

SECURITY ADMINISTRATION USE ONLY

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

Comments: _____