



# S.U.S.D. Security Request Form Financial System

Check this box if person duplicated needs to be Inactivated

Department:

Select Site from list, or type in Site if not found.

First Name:

Employee ID:

Last Name:

Position:

E-Mail

Person Duplicate:

## Security Level Requested

Standard School/Site Security

Workflow Access Needed

C5 Security

Note: C5 Must be routed through Budget Director.

## 7 ca a Ybh6 Yck Zcf GdYWU F Yei Yghg

In compliance with Board Policy 3400, and 3580, as well as the Acceptable Use Policy you signed to use S.U.S.D.'s network, Users of S.U.S.D.'s Financial System are to continue to adhere to these guidelines, ensuring employee records, as well as financial records remain secure at all times. It is against S.U.S.D. policy to share your username/password with any other individual. It is Strictly prohibited to share your username/password. Consequences for such action may result in the immediate revoking of access to S.U.S.D.'s databases and network.

Please inform Information Services of any changes of site/department within the district, or termination.

**My Signature acknowledges that I have read and understand the purpose and consequences of this policy statement.**

User Signature:

Date

Manager/Director Signature

Date

Manager/Director SignatureK

Date

Budget Director SignatureK

Date

Submit this document, with appropriate signatures to: **Information Services, Attn: BPlus SRF**