



## PeopleSoft Finance Access Form

Complete this form and have it signed by your supervisor.

Fax completed form to **803-777-6612** or email **pssecure@mailbox.sc.edu**

### Employee Contact Information

<b>Last Name</b>	
<b>First Name</b>	
<b>Dept. Name</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Campus/Oper Unit</b>	
<b>Location: Building name and Room #</b>	
<b>Network ID</b>	

I need the following roles to properly complete my job:

**Requisition Role** - Complete online purchasing requisitions, payment requests and receiving.

**Departmental Depositor Role** - Deposit money with the Bursar's Office

**General Ledger Accountant Role** - Complete journal entries

My Journal Entries will be approved by: \_\_\_\_\_

**Budget Accountant Role** - Complete Budget entries

My Budget Entries will be approved by: \_\_\_\_\_

**Approver Role** - Approves Payment Requests and Pay requisitions for

PS department\* # \_\_\_\_\_ as Approver1 or Approver 2 (circle the appropriate Level)

PS department\* # \_\_\_\_\_ as Approver1 or Approver 2 (circle the appropriate Level)

PS department\* # \_\_\_\_\_ as Approver1 or Approver 2 (circle the appropriate Level)

Please attach additional sheet if needed

**\*PeopleSoft Department # is REQUIRED (not legacy) For USCSP Grants or USCIP Projects:**

Project/Grant # \_\_\_\_\_ Role: Approver 1 or PI (for USCSP only)

Project/Grant # \_\_\_\_\_ Role: Approver 1 or PI (for USCSP only)

Project/Grant # \_\_\_\_\_ Role: Approver 1 or PI (for USCSP only)

Please attach additional sheet if needed

**nVision Report Runner** - Run nVision Reports for Operating Unit \_\_\_\_\_

**Remove Roles:**

Person has a change in responsibilities within **current office** and requires a change in roles:  
Roles to be removed: \_\_\_\_\_

Person has left **current** USC office but **remains employed** in a different department  
New office \_\_\_\_\_

Person is no longer employed by USC

**Other - please explain**

---

---

---

Univ. of South Carolina – Statement of User Responsibility (Policy ACAF 7.02)

I understand that by virtue of my employment with the University of South Carolina, I may have access to data, information, systems, or files in various forms which contain individually identifiable information, the disclosure of which may be prohibited by federal or state law or by University policy. I acknowledge that the intentional disclosure by me of this information to any person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure may also violate University of South Carolina policy and could constitute just cause for disciplinary action including termination of my employment on the first offense regardless of whether criminal or civil penalties are imposed.

If I am in doubt about a request, I will consult with my supervisor prior to releasing the information.

My signature denotes that I have read and understand the above statement.

\_\_\_\_\_  
Signature of Employee \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor \_\_\_\_\_  
Date