

# Banner Finance Account Request Form

ETSU Office of Information Technology  
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 Johnson City, Tennessee 37614  
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This section for use by the Office of Information Technology

Application Number \_\_\_\_\_  
 Applicant Name \_\_\_\_\_  
 Date Received \_\_\_\_\_

**Section 1. Personal Information. To process your request, all information in this section must be completed. Please print or type.**

Name \_\_\_\_\_ [ last ] \_\_\_\_\_ [ first ] \_\_\_\_\_ [ middle ]  
 ETSU Domain Name \_\_\_\_\_ @etsu.edu  
 Employee ID Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 ETSU Phone Number \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 School / College \_\_\_\_\_  
 Department / Office \_\_\_\_\_  
 Campus Box Number \_\_\_\_\_  
 Budget Number \_\_\_\_\_

- Faculty  Staff  Adjunct Faculty  
 I am not paid through ETSU Payroll.  ETSU Physicians (MEAC)  other: \_\_\_\_\_  
 New Employee: start date - \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Temporary Employee: end of contract - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Section 2. Banner Self Service (SSB) Finance Applications. Check all that apply. Temporary employees must use a departmental account, requested by a regular employee, to access these applications.**

- I am requesting access to Self-Service for Finance and need access to the following indexes: \_\_\_\_\_  
 \_\_\_\_\_  
 I am requesting eBucs  requisitioning and/or  approvals access to the following indexes: \_\_\_\_\_  
 \_\_\_\_\_  
 I am requesting that a Finance SSB departmental account with the name \_\_\_\_\_ be created for use by our department or organization. This account also needs an associated e-mail address [ yes | no ].

**NOTE:** Departmental accounts can only be requested by regular, full-time employees. Student organizations need the signature of the faculty advisor.

**Section 3. INB Banner Finance Applications. Reserved for Business and Finance employees only. Check all that apply.**

I am requesting access to the following:

<input type="checkbox"/> Accounts Receivable (FI_AR)	<input type="checkbox"/> Grant Account View (FI_GA_VIEW)
<input type="checkbox"/> Accounts Receivable Cashier (FI_AR_CASH)	<input type="checkbox"/> Human Resources (FI_HR_COAS)
<input type="checkbox"/> Accounts Receivable Supervisor (FI_AR_SPRV)	<input type="checkbox"/> Research & Sponsored Programs (FI_ORSP)
<input type="checkbox"/> Auxiliary Services Director (FI_AUXDIR)	<input type="checkbox"/> Purchasing (FI_PUR)
<input type="checkbox"/> Auxiliary Services Postal Services (FI_AUXMPS)	<input type="checkbox"/> Purchasing Accounts Payable (FI_PUR_AP) FTMVEND FGAC
<input type="checkbox"/> Accounts Receivable (FI_AR)	<input type="checkbox"/> Purchasing Procurement (FI_PUR_ASST)
<input type="checkbox"/> Budget (FI_BUD)	<input type="checkbox"/> Purchasing Central Receiving (FI_PUR_CR)
<input type="checkbox"/> Budget Builder (FI_BUD_BLDR)	<input type="checkbox"/> Purchasing Library (FI_PUR_LIB)
<input type="checkbox"/> Financial Accounting (FI_FA)	<input type="checkbox"/> Purchasing Temp (FI_PUR_TEMP)
<input type="checkbox"/> Financial Accounting Clerk (FI_FA_CLRK)	<input type="checkbox"/> Purchasing Asst VP (FI_PUR_VP)
<input type="checkbox"/> Grant Accounting (FI_GA)	<input type="checkbox"/> Finance View All (FI_VIEWALL)
<input type="checkbox"/> Grant Accounting Clerk (FI_GA_CLRK)	<input type="checkbox"/> Finance View (FI_VIEW)

- I am requesting eBucs  requisitioning and/or  approvals access to the following indexes: \_\_\_\_\_  
 \_\_\_\_\_  
 I am requesting that an INB departmental account with the name \_\_\_\_\_ be created for use by our department or organization. This account also needs an associated e-mail address [ yes | no ].

**NOTE:** Departmental accounts can only be requested by regular, full-time employees. Student organizations need the signature of the faculty advisor.

I am requesting access to these additional INB applications:

- I am requesting access to Intellicheck.  I am requesting access to FormFusion.  
 I am requesting access to Appworx.

**Section 4. Responsibilities and Approvals. Form must go to Financial Services Box 70732 before sending to OIT.**

Request has been reviewed and approved by the Banner Finance Data Custodian. Form will not be processed without this signature.

signature of Finance Data Custodian \_\_\_\_\_ date \_\_\_\_\_

I understand that data integrity is my responsibility and have read and agree to abide by the Data Standards Data Entry Guidelines at <http://www.etsu.edu/banner/ETSU%20Data%20Standards%20Doc%20V3-3%20for%20Web-Revised.doc>.  
 I agree to abide by the ETSU Computer Resource Code of Ethics, found at <http://www.etsu.edu/oit/ppp/policies/ethics.asp> and further agree that accessing ETSU computing resources and using my assigned user identification and/or password gives ETSU permission to review, by any method it deems appropriate, any and all material I store on any system owned, operated and/or maintained by ETSU in order to protect the integrity and security of the system.

signature of applicant	date	signature of department head, budget supervisor or faculty advisor	date	printed name of department head, budget supervisor or faculty advisor
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All signatures, printed names and dates are required.