\*Please attach the signed form to the online access request form found on the Resource Planning website

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **User Information** | | | | | | | | | | | | |
| **Name:** | | Click or tap here to enter text. | | | | |  | |  |  | |  |
| **Faculty/Unit:** | | Click or tap here to enter text. | | | | |  | |  |  | |  |
| **CCID e-mail:** | | Click or tap here to enter text. | | | | |  | |  |  | |  |
|  |  | (your ccid@ualberta will serve as your user login) | | | | | | |  |  | |  |
| *As an employee of the University of Alberta I acknowledge my responsibilities and obligations regarding provisions of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act, Health Information Act, Protection of Persons in Care Act, University’s Ethical Conduct and Safe Disclosure Policy and other such regulations or policies that were identified at the time of appointment or during the course of employment. These Acts establish and enforce policies and safeguards to ensure the protection, and authorized use and disclosure of Confidential Information and Personal Information in any format.* | | | | | | | | | | | | |
|  |  | | | |  | | Click or tap here to enter text. | | | | |  |
|  | **Signature** |  |  | |  | | **Date** | |  |  | |  |
| **Authorization**  *To be completed by the Faculty/Portfolio’s Senior Financial Officer or Assistant Dean.* | | | | | | | | | | | | |
| **Add** New User (complete below)  **modify** Existing User’s Access (complete below)  **delete** User | | | | | | | | | | | | |
|  | 1. **What Department level access is required for the end-user?**. | | | | | | | | | | | |
|  | (Contact Resource Planning if you have questions on dept. roll-up security.) | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | |
|  | 1. **Is access required to Transfer operating budget allocations (base/temp/flex)?**   **YES**, provide access to transfer budget allocations.  **NO** | | | | | | | | | | | |
|  | Click or tap here to enter text. | | |  | | Click or tap here to enter text. | | | | |  | |
|  | **Authorizer Name** | | |  | | **Faculty / Portfolio** | | | | |  | |
|  | Click or tap here to enter text. | | |  | | Click or tap here to enter text. | | | | |  | |
|  | **Position / Title** | | |  | | **Date** | | | | |  | |
|  |  | | | | |  | |  | | |  | |
|  | **Signature** | | | | |  | |  | | |  | |