



KFS ADDITIONAL FUNCTIONAL REQUEST

FINANCE SYSTEMS

User's Name (Last, First, Middle)	NetID	Today's Date
Dept. Name	E-mail Address	
Phone Number		
Name & Phone # of Person Completing Form (if different from above)		
Business Justification for Access		

I understand that the data contained in KFS is confidential. The access I am requesting is for my use in performing my job duties & responsibilities. I agree that my username & password will not be shared and I am responsible for any accesses logged against my username. In using my username & password, I will follow the policies & procedures of the University. I understand that Finance Systems reserves the right to terminate my access at any time without notice. If I terminate employment with the University or my department, I will notify Finance Systems.

Area	Role or Group	Role or Group Name	Qualifier(s) – if applicable
(ex. Purchasing)	(ex.- 25)	(ex. Contract Manager)	(ex. Code 12)

(If more space please attach additional sheet)

Print User's Name

User's Signature

Date

Print Dean, Director, or Dept. Head's Name

Dean, Director, or Dept. Head's Signature

Date

For Internal Use Only	
Ticket #	E-Doc(s)
Date Received	Assigned
Date Completed	Completed By

[Submit all completed forms to: Finance Systems 343 Mansfield Road - Unit 1112, Storrs, CT 06269-1112 or Fax at \(860\)486-0536](#)