Revised: Jan 27, 2011

Ellucian Colleague User Access Form

Instructions: Fill out each applicable section of this form to obtain Ellucian Colleague access. Obtain the appropriate signatures ONLY for the sections that are completed. Only Security Classes that are checked 'Add' will be added to the user's account.

Check One: ☐ new account setup ☐ disable account ☐ modify account

Reason for Modification_____
e.g. Department Change, Increased Access, Name Change, etc

Section I. All Users Fill Out This Section

Employee Name: _____ User ID _____
For modify or disable

*Position: _____ Datatel ID#: _____
*Casual employees will not have Datatel Access

Department: _____ Extension: _____ SSN: XXX – XX - __ __ __ __
(Used for verification only)

IMPORTANT!

- I will not disclose information that I obtain in performing my duties to anyone who does not require this information in their official capacity
- I will use Datatel/Colleague only for the purposes for which I am authorized
- I will not allow anyone else access to my account or account information, or allow anyone to use my account to access information from the Datatel/Colleague System.
- I will not share my account information with a casual employee.

☐ By signing below, I acknowledge that I have read and understand the above policy and will exercise due diligence in performing my duties in accordance with institutional policies. Not complying with policies above could lead to termination.

Employee Signature: _____ Date: _____

ERP USE ONLY
User ID_____ Start Password_____

Section II. Employee's Supervisor Authorization

The supervisor for the requesting employee must sign below. Fill out options as applicable.

Additional Access (check all that apply) ☐Grant access to SSN / DOB ☐ Restrict access to SSN / DOB

☐ other _____

_____

Signature of Authorizing Supervisor or Dept. Head: _____

Section III. Human Resources Access

Complete this section if your position requires access to the **HR application** – Check all that apply.

Add	Drop	
☐	☐	HR access for Administration and Finance
☐	☐	HR Access for Department Head
☐	☐	HR Access for Department Head (with NAE modification)
☐	☐	HR Access for Director
☐	☐	HR Access for Institutional Research

Add	Drop	
☐	☐	HR Payroll Manager
☐	☐	HR Payroll Reconciliation
☐	☐	HR Access for Public Safety
☐	☐	HR Support Staff

If above options are checked,
HR Director Signature _____

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Section IV. Student/Academic Access

Complete this section if your position requires access to the ***ST application*** – Check all that apply.

Add Drop

☐ ☐ ST Access for Academic Affairs Deans
☐ ☐ ST Access for Academic Affairs Dept. Heads/Chairs/Directors
☐ ☐ ST Access for Academic Affairs -Provost
☐ ☐ ST Access for Academic Affairs Support Staff
☐ ☐ ST Access for Cont. Ed. / Ft. Wood

Add Drop

☐ ☐ ST Access for Divisional/Department Clerical
☐ ☐ ST Access for Graduate Dean/Staff
☐ ☐ ST Access for Institutional Research
☐ ☐ ST Access for President/VP Support
☐ ☐ ST Access for Undecided Advising

If above options are checked, Vice President for ***Academic Affairs*** Signature _____

Add Drop

☐ ☐ ST Access for Academic Success/ Student Retention
☐ ☐ ST Access for Admissions/ Reco rds Directors
☐ ☐ ST Access for Admissions Support Staff
☐ ☐ ST Access for Counseling/ Career Services
☐ ☐ ST Access for Financial Aid Director
☐ ☐ ST Access for Financial Aid Officer
☐ ☐ ST Access for Health Center Staff

Add Drop

☐ ☐ ST Access for Housing/ Student Life
☐ ☐ ST Access for Library/ Restrictions
☐ ☐ ST Access for Public Safety
☐ ☐ ST Access for Records Support Staff
☐ ☐ ST Access for Student Information Inquiry
☐ ☐ ST Access for Student FA information Inquiry
☐ ☐ ST Access for VP Student Affairs

If above options are checked, Vice President for ***Student Affairs*** Signature _____

Add Drop

☐ ☐ ST Access for Accountant
☐ ☐ ST Access for Bursar
☐ ☐ ST Access for Cashier
☐ ☐ ST Access for Head Cashier
☐ ☐ SA Access

Add Drop

☐ ☐ ST Access for Student Account Clerk
☐ ☐ ST Access for Student Account Counselor
☐ ☐ ST Access for Sponsored Billing
☐ ☐ ST Access for VP AF/Controller

If above options are checked,
Controller's Signature _____

Section V: Financial Syst em Access

Complete this section your position requires access to the ***CF application*** – Check all that apply.

Add Drop

☐ ☐ CF Access for Accountant
☐ ☐ CF Access for Accountant – CREES
☐ ☐ CF Access for AP Clerk
☐ ☐ CF Access for AP Supervisor
☐ ☐ CF Access for Adm. Asst. (for Journal Entries)
☐ ☐ CF Access for Approver
☐ ☐ CF Access for Auditor - External
☐ ☐ CF Access for Budget Officer
☐ ☐ CF Access for Bursar
☐ ☐ CF Access for Cashier
☐ ☐ CF Access for Chief Cashier
☐ ☐ CF Access for Controller
☐ ☐ CF Access for Facilities Manager
☐ ☐ CF Access for Grant Accountant
☐ ☐ CF Access for Payroll

Add Drop

☐ ☐ CF Access for Physical Plant Admin. Assistant
☐ ☐ CF Access for Physical Plant Director
☐ ☐ CF Access for Physical Plant Staff
☐ ☐ CF Access for Projects Requisitioner
☐ ☐ CF Access for Projects Req. Approver
☐ ☐ CF Access for Purchasing Clerk / Buyer
☐ ☐ CF Access for Purchasing Director
☐ ☐ CF Access for Requisitioner
☐ ☐ CF Access for Student Accounts Clerk
☐ ☐ CF Access for Student Accounts Coordinator
☐ ☐ CF Access for Warehouse Clerk
☐ ☐ CF Access for Warehouse Supervisor
☐ ☐ CF Access for Work Order Entry
☐ ☐ CF Access for VP Admin & Finance
☐ ☐ CF Access for VP A & F Adm. Assistant

If above options are checked,
Controller's Signature _____

Controller Office Use Only

☐ RSGL ☐ Approver ☐ New Access ☐ Change Access ☐ Add Access ☐ Remove Access

Fund: _____ Source: _____ Date Completed

Department: _____ _____

Function: _____ _____ Controller or Designate _____