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**USER APPOINTMENT FORM**


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*NEW* \_\_\_\_\_ *CHANGE* \_\_\_\_\_ *DATE OF TERMINATION* \_\_\_\_\_

*Complete this form to request that a new user be added to the system or if a change has occurred. The user should complete the fields listed below on the form and sign*

**Name (Last, First, MI):** \_\_\_\_\_ **SSN:** \_

**Campus Location:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Person (Name and Assignment Number):** \_\_\_\_\_

**Responsibility Name:** \_\_\_\_\_

**Effective Dates (Start and End Date if Applicable):** \_\_\_\_\_

**Grants Use Only Access Labor Costing: (RF Funded and/or Corporate Funded) circle one or both**

**RUSAM Location Code:** \_\_\_\_\_

*Comments:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
Date

*The user's signature on the form is acknowledgement that he or she will safeguard the system assets assigned to them and prevent unauthorized use of The Research Foundation computer system.*

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

*Supervisor must sign the form. The supervisor's signature on this form is authorization to add the user to the computer system and confirmation that the user requires access to The Research Foundation's computer system to perform job duties. The supervisor will notify the campus security contact of user termination or transfer.*

\_\_\_\_\_  
Campus Security Contact Signature

\_\_\_\_\_  
Date

**Central Office Security Administration Use Only:**

User ID: \_\_\_\_\_

Date Completed: \_\_\_\_\_

\_\_\_\_\_  
COSAG Signature

Ticket #: \_\_\_\_\_