FORM **SFA-19**

SPONSORED FUNDS
ADMINISTRATION

DIVISION OF RESEARCH
State University of New York at Binghamton

THE RESEARCH FOUNDATION
The State University of New York

INSTRUCTIONS FOR COMPLETION OF USER APPOINTMENT FORM

The user should first check mark the filed at the top of the form that applies. An explanation of the fields is provided below.

NEW   Check this field to have a new user set up. You will need to complete all of the fields listed as per below.

CHANGE   Check this field to request to have a change made to an already existing user's record. Examples of changes would be to remove or add specific project, awards or tasks from a user's record. You will need to complete the Name field and any other fields affected by the change with a "form" and "to" indicator.

DATE OF TERMINATION   Enter the Date of Termination to indicate that an employee permanently left the campus and is no longer working for RF or SUNY. If a user's Oracle access is to be removed and employee will remain active, you can put N/A in this field and in the comments section note to end date Oracle Access. You will need to complete the Name field and Effective Date fields.

Complete applicable sections (new user request must complete all).

Name   Users full name and middle initial.

Campus Location   Name of the requesting campus (alpha description i.e. Central Office).

Department   The name of the department where the user works.

Phone   The user's work phone number.

E-mail Address   The user's e-mail address.

PIAI Responsibilities List the responsibilities that you want the user to have access.

Copy Existing User Access   Copy from the User (and Copy button) – if the user being change or entered is like an existing user you can use the copy from user function to enter the username and click the button to copy that users security into the fields above. It will add to any security already present and records can be altered or deleted as needed.

Security Type   This is the access level list of values (Award, Project, Task, Key Member or Organization)

Task Project Value   Task Project Value – project number for the task in the "Security Value" field.

Security Value   Security Value – Value that relates to the Secure Type chosen. This is The actual Department, Award#, Task#, Project# or Key Member name.

Access Labor Costing   These options control the access for the user to salary detail records for awards with the type of RF Funded or Corporate Funded. If the options are selected, it means this user can see salary details.

A to B Renewal   A to B Renewal – This checkbox is used to identify Awards, Projects or Tasks that user has access to now and should have access to the "new" award, project or task if the "RF: Transfer Labor Schedule for Renewal Awards" process is run.

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

4.   The supervisor must sign the form. The supervisor's signature on the 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.

5.   Submit the form to the campus security contact for review, accuracy check and approval.

6.   The campus security contact must sign the form and submit the request to Central Office Customer Services.

7.   The form is then forwarded to the Central Office Security Administration Group for review of completeness and processing.

8.   Central Office Security Administration Group (COSAG) must sign the form verifying completion.

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USER APPOINTMENT FORM

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) :

SSN :   **-**   **-**   **Campus Location:**   <u>**020 Binghamton**</u> _____

Title: _____

Phone: _____

Email Address: _____

Department: _____

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**

Security Level: (Name of Department, Principle Investigator or Award, Project, Task)

RUSAM Location Code:

_____   _____
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: _____

_____   Ticket #: _____
COSAG Signature