



# POISE Access Form

(Refer to the Intranet for POISE Menu Level Designation Forms / POISE Menu Level Summaries folder.)

Employee: \_\_\_\_\_

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

Position Title: \_\_\_\_\_

Default Printer: \_\_\_\_\_

<b>New Access:</b>	<input type="checkbox"/>
<b>Change of Access:</b>	<input type="checkbox"/>
<b>Termination of Access:</b>	<input type="checkbox"/>

AID (Financial Aid)	Add	Remove	Initial	Date
Level 1	<input type="checkbox"/>	<input type="checkbox"/>		
Level 2	<input type="checkbox"/>	<input type="checkbox"/>		
Level 3	<input type="checkbox"/>	<input type="checkbox"/>		
Level 4	<input type="checkbox"/>	<input type="checkbox"/>		
Level 5	<input type="checkbox"/>	<input type="checkbox"/>		
Level 6	<input type="checkbox"/>	<input type="checkbox"/>		

Fixed Asset System	Add	Remove	Initial	Date
Level 1	<input type="checkbox"/>	<input type="checkbox"/>		

HC & SW Payroll	Add	Remove	Initial	Date
Level 1	<input type="checkbox"/>	<input type="checkbox"/>		
Level 2	<input type="checkbox"/>	<input type="checkbox"/>		
Level 3	<input type="checkbox"/>	<input type="checkbox"/>		
Level 4	<input type="checkbox"/>	<input type="checkbox"/>		

Degree Audit	Add	Remove	Initial	Date
Level 1	<input type="checkbox"/>	<input type="checkbox"/>		
Level 2	<input type="checkbox"/>	<input type="checkbox"/>		
Level 3	<input type="checkbox"/>	<input type="checkbox"/>		

REG (Registration)	Add	Remove	Initial	Date
Level 1	<input type="checkbox"/>	<input type="checkbox"/>		
Level 2	<input type="checkbox"/>	<input type="checkbox"/>		
Level 3	<input type="checkbox"/>	<input type="checkbox"/>		
Level 4	<input type="checkbox"/>	<input type="checkbox"/>		
Level 5	<input type="checkbox"/>	<input type="checkbox"/>		
Level 6	<input type="checkbox"/>	<input type="checkbox"/>		
Level 7	<input type="checkbox"/>	<input type="checkbox"/>		
Level 8	<input type="checkbox"/>	<input type="checkbox"/>		

DPS (Purchasing)	Add	Remove	Initial	Date
	<input type="checkbox"/>	<input type="checkbox"/>		

\*\* Please complete and attach the DPS Access Form

FIS (Fiscal)	Add	Remove	Initial	Date
Level 1	<input type="checkbox"/>	<input type="checkbox"/>		
Level 2	<input type="checkbox"/>	<input type="checkbox"/>		
Level 3	<input type="checkbox"/>	<input type="checkbox"/>		
Level 4	<input type="checkbox"/>	<input type="checkbox"/>		
Level 5	<input type="checkbox"/>	<input type="checkbox"/>		
Level 6	<input type="checkbox"/>	<input type="checkbox"/>		
Level 7	<input type="checkbox"/>	<input type="checkbox"/>		

SBR (Student Billing)	Add	Remove	Initial	Date
Level 1	<input type="checkbox"/>	<input type="checkbox"/>		
Level 2	<input type="checkbox"/>	<input type="checkbox"/>		
Level 3	<input type="checkbox"/>	<input type="checkbox"/>		
Level 4	<input type="checkbox"/>	<input type="checkbox"/>		
Level 5	<input type="checkbox"/>	<input type="checkbox"/>		
Level 6	<input type="checkbox"/>	<input type="checkbox"/>		
Level 7	<input type="checkbox"/>	<input type="checkbox"/>		

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

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

\* I certify that the assigned levels are appropriate for the job responsibilities as defined in the POISE Menu Level

HR Department Confirmation: \_\_\_\_\_

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

Hire / Change / Termination

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

IT Department Confirmation: \_\_\_\_\_

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