

SBU REPORTING SECURITY ACCESS REQUEST FORM

For an employee to gain access to Stony Brook University Reporting (SBU Reporting), the employee must have a current signed copy of the Campus Compliance Statement on file with DOIT. The department's VP coordinator shall counsel the employee as to the confidentiality issues and practices regarding information contained in SBU Reporting that the employee will have access to.

This form <u>must</u> be completed and sent to your VP Coordinator for approval. No access will be granted without it. VP Coordinators can submit this form to Sara Lehmann via email at <u>Sara.Lehmann@stonybrook.edu</u> or by mailing to: Sara Lehmann, Zip 1151.

This request is for:		☐ Change	☐ Delete
Employee Information			
EFFECTIVE DATE ACCESS NEEDED BY DATE/ DEACTIVATION DATE		USER F	
NETID (REQUIRED) USER NAME PLEASE PRINT			
	LAST	FIRST	MI
DEPARTMENT NAME		USER'S PHONE	
	Lis	t the highest organizational level	l of security to be assigned
Organizational Level		SBF Departmental Access	FSA Departmental Access
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<i>IC</i>	d		
		other individual, give individual's	s name ana empi ia
BUSINESS UNIT ACCI	ESS:		SBF FSA
	THE BUSINESS UNITS TH ASSIGNED BY DEFAULT)	IAT EMPLOYEE SHOULD HAVE ACCESS T	O: SDF FSA
APPROVALS			
VP		SIGNATURE	DATE
COORDINATOR			
NAME	Print		
		FOR SECURITY ADMINISTRA	tor's Use Only
DATE ACCESS	6 BEGIN	ACCESS GROUP	
Pro	CESSED BY	DATE	