

**BANNER FINANCE  
USER ACCESS REQUEST**

Return to: Business Services - Technical Analyst

User's Full Name: \_\_\_\_\_ Phone Ext: \_\_\_\_\_

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Job Title: \_\_\_\_\_ ID#: \_\_\_\_\_

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Email: \_\_\_\_\_

Confidential     Hourly    Status     Terminated  
 Classified     Student     Temporary     Permanent

Budget ID \_\_\_\_\_ COA \_\_\_\_\_ Org \_\_\_\_\_ Self Service Access \_\_\_\_\_

Master Fund:    query    post    both                      Master Org:    query    post    both

NSF Override	_____	Self Service Budget Access	_____
Expenditure End Date Posting	_____	Budget Master Organization	_____
Post in Accrual Period	_____		
EDI Override	_____	Invoice Overage Tolerance	_____ %
ACH Override	_____	Invoice Tolerance Amount	\$ _____
Purchase Card Override	_____	Invoice Tolerance Override	_____
		Invoice Receipt Required Override	_____

Payroll Expense Detail Access	_____	Invoice Restrictions:    All Invoices Direct Pay Invoices Only General Encumbrances Only Purchase Order Invoices Only Regular and General Invoices Direct and General Invoices Direct and Regular Invoices No Invoices
Payment Hold Override	_____	
Purchase Order Hold Override	_____	
Same permissions as:	_____	

User Acknowledgement: With my signature below, I acknowledge that I am aware of my responsibilities to protect the confidentiality of information regarding faculty, staff, and donors, and agree to use information from the system for carrying out official duties and responsibilities of my position with the Antelope Valley College District ONLY. In addition, I understand that District policies provide for the imposition of sanctions for unauthorized use or dissemination of system information, ranging from a warning to restriction of use, to disciplinary action up to and include dismissal as well as legal action.

Signature: _____	Date: _____
Dean / Director: _____	<b>INFORMATION TECHNOLOGY SERVICES USE ONLY</b>
Finance Security Coordinator: _____	Access Implemented by: _____ Date: _____
Requested by: _____	User Notified by: _____ Date: _____
Training Complete / Signature of Trainer: _____	Date: _____