STOCKTON INFORMATION

**BANNER FINANCE ACCESS
REQUEST FORM**

STOCKTON UNIVERSITY
101 VERA KING FARRIS DRIVE
GALLOWAY, NJ 08205-9441

SECTION 1
To be completed by
the Requestor

Personal Identification and Information

Last Name		Z-Number	Z								
First Name		Username									

Staff   Faculty   Adjunct   TES   Student Worker

Department

I have read, understand, and will abide by the rules set forth in the Information Technology Services Standards. www.stockton.edu/acceptable-use

Requestor Signature_____ Date _____

SECTION 2
To be completed by
Manager/Supervisor

Request Details

Type of Access Role   End User   Approver

Clone Access From User?   Username Clone: | | | | | | | | | | | | |

Approval Queues name(s)

This request is for Chart 2   **NOTE - All Chart 2 Requests are QUERY ONLY**

Funds / Org Access - Must list ALL Requested

FUND	ORG
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Budget Unit Manager	Department

Budget Unit Manager Signature _____ Date _____

Chart 2 Authorization *(if requested)* _____ Date _____

RETURN COMPLETED FORM TO BANNER FINANCE CUSTODIAN (finance.security@stockton.edu)

QUESTIONS?

If you have any questions about Finance Access or this form,

Please call x4271 or email finance.security@stockton.edu