



## Enterprise Planning & Budgeting Cloud Service Access Request Form

**Instructions:** Prior to access being granted, you must read and accept the 'Agreement for Accessing University Information'. Please go to <https://identityservices.rutgers.edu/agreement/> to accept this agreement. Complete Sections 1 through 3. Completed and signed forms should be emailed to the Kathy Walker at [kathwalk@finance.rutgers.edu](mailto:kathwalk@finance.rutgers.edu) or mailed to University Budget Office, 33 Knightsbridge Rd, Room Floor 2-West, Piscataway, NJ 08854. If you have any questions, please contact Kathy Walker at 848-932-2304.

**SECTION 1: Applicant Information (Please Print)**

Name \_\_\_\_\_ Title \_\_\_\_\_

Unit \_\_\_\_\_ Phone \_\_\_\_\_

Campus Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Net ID \_\_\_\_\_

**SECTION 2: Type of Request**     New Access     Update/Change Access     Delete All  
 Access                                     Termination

	<b>Add</b>	<b>Delete</b>		<b>Add</b>	<b>Delete</b>	
Unit/Div/Org Access: (For FY17 Planning/Forecast)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
example: 900_12TT, 900_1230, 900_1230_6505)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Note:** Access will be provided to both the Budget (Revenue/Expense) and Workforce modules of EPBCS, unless otherwise requested on this form.

**SECTION 3: Requestor Review and Approval: Prior to approving this request, please ensure the requestor has accepted the online access agreement. All requests for access must be reviewed and approved by the Budget Responsibility Custodian and the Provost Office, Vice President or Administrative Designee.**

Requestor Signature \_\_\_\_\_

Date \_\_\_\_\_

Approval: Business/Budget Manager  
(Please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Approval Chancellor Office/Vice President/Admin.  
Designee (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 4: Business Process Owner Approval & Implementer Record: *For Central Office Use Only***

**Approved, Office of Budget and Resource Studies:**

Approver (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Implemented by:**

Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_