Submitting the

**Rutgers’ Financial Management System (FMS)**

**Finance Approver Change Request Form**

**Processing Time: The Access Team is allowed up to 5 business days to complete processing.**

**Normal processing time is within 24 hours of receipt.**

**NO Notification of Completion will be sent.**

\*\* Please Note: Employees listed **must already have**

**Active Working Access** to the

Expense Management application or RU GL User role.

Changing the Finance Approver does not give Employees access to any applications.

If Employees do not have active working access to Expense Management or RU GL User,

please use the Expense Management form or General Access form.

If more than fifteen (15) Finance Approver changes are needed, multiple forms will not be accepted.

 1. Fill out Requestor section of the form.

 2. Type “See Attached Spreadsheet” on Line 1, and obtain required signature(s).

 3. Create an **original Excel spreadsheet (xlsx file)** containing the same four (4) fields as on the form.

 a. Include only those employees whose Finance Approver needs to be changed.

 4. Email the original Excel Spreadsheet and a PDF of the form to cloudaccess@finance.rutgers.edu.

Status for All Listed Employees MUST Be **ACTIVE**.

**Requesting Finance Approver Changes:**

* **Read the instructions on the form.**
* **Requestor Information:** All fields are required. Information will be VERIFIED.
* For each Employee:
1. Enter the Employee’s full, formal name.
2. Enter the Employee’s Employee ID number (8 digits, no letters).
3. Enter the Finance Approver’s full, formal name.
4. Enter the Finance Approver’s Employee ID number (8 digits, no letters)
	* **Review and Approval (Required Signatures)**
* If required by the Department (FASN, Libraries, SAS, SEBS, SPH), requests for changes to Finance Approvers must be reviewed and approved by the Department’s Business Manager.
* The review and approval (via signature) of a **Dean, Director, or Department Chair**
(Class 1, Grade 8 or above; or Class 1, Grade 33S or above) is required and will be VERIFIED.
* **Requests for changes will not be processed without signature(s).**

Completed forms should be scanned as PDFs and emailed to: cloudaccess@finance.rutgers.edu.

Do not include this Instruction sheet.

Questions? Email cloudaccess@finance.rutgers.edu



**Rutgers’ Financial Management System (FMS)**

**Finance Approver Change Request**

**NOTE:** Changing the Finance Approver does NOT give Employees access to any applications.

1. Use MicroSoft Word to fill out this form. Tab between fields.
2. Please list ONLY those Employees whose Finance Approver needs to be changed.
3. Please use full, formal names.
4. The person who signs this form as Dean, Director, or Department Head MAY NOT be listed as a New Finance Approver.
5. After obtaining required signature(s), email PDF of form to: cloudaccess@finance.rutgers.edu for processing.
6. Email subject line: Finance Approver Changes.

Requestor Information (Please Print) – ALL Fields are **Required**. Effective Date:

Name:       Employee ID (8-digits):       ■

Title:       UDO #: (Unit)       (Division)       (Org)       □

Unit Name:       Employee Class:

Division Name:       Phone:

Org Name:       Email Address:       □

Campus Address:       Net ID (in **CAPS**):       □

Please Note: Multiple forms will not be accepted. *If more than fifteen (15) Finance Approver changes are needed:*

Type “See Attached Spreadsheet” on Line 1, obtain required signature(s), email this form and **Excel spreadsheet** for all changes.

 Employee Name Employee ID New Finance Approver Name Employee ID

1 [Name] [Empl ID] [Name] [Empl ID]

2 [Name] [Empl ID] [Name] [Empl ID]

3 [Name] [Empl ID] [Name] [Empl ID]

4 [Name] [Empl ID] [Name] [Empl ID]

5 [Name] [Empl ID] [Name] [Empl ID]

6 [Name] [Empl ID] [Name] [Empl ID]

7 [Name] [Empl ID] [Name] [Empl ID]

8 [Name] [Empl ID] [Name] [Empl ID]

9 [Name] [Empl ID] [Name] [Empl ID]

10 [Name] [Empl ID] [Name] [Empl ID]

11 [Name] [Empl ID] [Name] [Empl ID]

12 [Name] [Empl ID] [Name] [Empl ID]

13 [Name] [Empl ID] [Name] [Empl ID]

14 [Name] [Empl ID] [Name] [Empl ID]

15 [Name] [Empl ID] [Name] [Empl ID]

PRINT – [Name] [NetID] [Date]

Optional - Business Manager NetID Signature Date

PRINT – [Required] [NetID] [Date]

Required - Dean, Director, Dept Chair NetID Signature (Required) Date

BPO Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ Processed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date