Requesting **CENTRAL UNIT** Access to

**ARCS, FCCS, and/or FUNDRIVER**

1. Applicant must be an active University employee and have a NetID.

* Access can be assigned to regularly appointed employees (Employee Classes 1, 6, 7, or 9).
* Student (Class 5) and Co-Adjutant (Class 8) employees will not be granted access.
* Short Term (Class 3) and Casual (Class 4) employees will not be granted access unless the unit documents a compelling need that would justify the frequent systems maintenance required for transient classes of employees.
* A justification letter must accompany the access request.

# It is required that the applicant read and accept the online Agreement for Accessing University Information located at <https://identityservices.rutgers.edu/agreement/>. A NetID is required to access and accept this agreement.

**Contingent Workers and University Guests**

* If you DO NOT get paid directly by “Rutgers University”, you are a Contingent Worker or University Guest.
* Along with the Access Request form, you must submit the *Contingent Worker HCM System Input Data Form*.  
  Email [cloudaccess@finance.rutgers.edu](mailto:cloudaccess@finance.rutgers.edu) to request this form.

**Requesting Access:**

# ►► Acceptance of the Agreement for Accessing University Information will be VERIFIED. ◄◄

* **Read the instructions on the form.**
* **Applicant Information:** All fields are required. Information will be VERIFIED.
* **ARCS, FCCS, and/or FUNDRIVER Roles**
* Check the boxes for the needed Roles.

\*\* To Remove Roles: Write “Remove All Roles” in the Security Role section. \*\*

Signature of Dean, Director, or Department Chair is required and will be VERIFIED.

* **Review and Approval (Required Signatures)**
* Applicant must sign the form.
* If required by the Department (FASN, Libraries, SAS, SEBS), requests for access 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.
* Authority to access specific administrative data must also come from the appropriate Business Process owners(s) responsible for the data.
* **Requests for access will not be processed without signatures.**

Completed forms should be scanned as PDFs and emailed to: [cloudaccess@finance.rutgers.edu](mailto:cloudaccess@finance.rutgers.edu).

Do not include this Instruction sheet.

Questions? Email [cloudaccess@finance.rutgers.edu](mailto:cloudaccess@finance.rutgers.edu)

Form is

**Central Access to**

**ARCS, FCCS, and/or FUNDRIVER Access Request Form**

1. Use MicroSoft Word to fill out this form. Tab between fields.
2. Users must accept the Agreement for Accessing University Information at <https://identityservices.rutgers.edu/agreement/>.
3. Please use full, formal names.
4. After obtaining required signature(s), email PDF of form to: [cloudaccess@finance.rutgers.edu](mailto:cloudaccess@finance.rutgers.edu) for processing.
5. Email subject line: [last name of applicant] – ARCS, FCCS, FUNDRIVER.

Applicant 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**):       □

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| --- | --- | --- | --- | --- |
| **ARCS Roles** |  | **FCCS Roles** |  | **FUNDRIVER Roles** |
| ARCS User |  | FCCS Planning User |  | Client User |
| ARCS Viewer |  | FCCS Planning Viewer |  | Departmental Access |
| ARCS Power User |  | FCCS Planning Power User |  |  |
| ARCS Service Administrator |  | FCCS Planning Service Administrator |  |  |

DELETE All Access

(Required) **PRINT NAME Net ID** (in CAPS) **Signature** Date

Name of Applicant (Required) Applicant

(If Applicable) **PRINT NAME Net ID** (in CAPS) **Signature** Date

Name of Business Manager (Required) Business Manager

(Required) **PRINT NAME Net ID** (in CAPS) **Signature** Date

Name of Dean, Director, or Dept. Chair (Required) Applicant’s Dean, Director, or Dept. Chair

BPO Approval: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Processed By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_