



**User Information** (All fields **MUST** be filled out for processing)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 CSUB ID #: \_\_\_\_\_ Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Department: \_\_\_\_\_  Auditor / Consultant  Faculty  Staff  Student Worker  
 New Employee  Existing Employee Contact (if other than the user): \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Access Roles**

**Requester:** Please check each role you are requesting.

**FA Staff Access**

- Financial Aid Administrator
- Financial Aid Advisor
- Financial Aid Auditor
- Financial Aid Front Office Staff (including Doc Imaging)
- Financial Aid Student Worker
- Financial Aid Technical Analyst

**Other Dept. Staff Access**  
 (online training required at <http://www.csub.edu/training/index.html>)

- Academic Advisor
- AV Administrative Support Staff / Students
- Records GPA Reporting
- IRPA Staff Query Access
- Student Financial Services' ECSI Query Access

**FA Staff Access (Add-on)**

- Academic Scholarships
- Athletic Grant-in-Aid
- CalGrant GPA Reporting Update
- CSAC Programs
- FA Processor
- Federal Grants Processor
- Proration & Disbursement
- Return of Title IV (R2T4) Withdrawal Calc
- SAP Processor
- Student Loans Processor
- Work-Study
- Work-Study (Federal)
- Query Access - All
- Query Access

**Business Justification** (REQUIRED FOR APPROVAL CONSIDERATION)

\_\_\_\_\_

Employee Signature: \_\_\_\_\_  **Employee** – I have read and agreed to the confidentiality agreement at [http://www.csub.edu/bas/hr/\\_files/\\_PeopleSoft/staffconfidentialityagree.pdf](http://www.csub.edu/bas/hr/_files/_PeopleSoft/staffconfidentialityagree.pdf)  
 **Student Workers** – Please sign and attach a new original confidentiality agreement at [http://www.csub.edu/cms/student\\_conf\\_agreement.pdf](http://www.csub.edu/cms/student_conf_agreement.pdf)  
 **Employee & Student Workers** – A copy of these documents are on file with my Dept. Mgr. (MPP)

Department Manager (MPP) Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Approver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Chad Morris - Director Financial Aid or Associate Director - Christine Lopez

**After All Required Signatures - Return Original to: Enterprise Applications -41Lib - FOR INTERNAL USE ONLY**