Exceptiona⁺l
ANN ARBOR PUBLIC SCHOOLS

Requestor Name: _____   School/Dept: _____

Approver's Name: _____   Date: _____

Approver's Signature: _____   Date: _____

Access request type - Circle one: **Add   Delete   Inactivate   Reactivate   Change**

Reason for Request (ie Retired, changed location, new hire) _____

Employee Name (Last, First Name) _____

Phone #: _____   Employee Email Address: _____

Title: _____   Employee Location: _____

If new, who is employee replacing? (submit form for this employee also) _____

Former User ID: _____   New User ID: _____

Authorized Signature: _____   Date ID approved/built: _____

Access needed to **Financial Management**?   (Yes)   (No)   Training Needed for FM?   (Yes)   (No)

Duties to include (ie Create Purchase Orders, run reports): _____

_____

   Training Completed by: _____   Training Complete Date: _____

Access needed to **Human Resources**:   (Yes)   (No)   Training Needed for HR?   (Yes)   (No)

Duties to include (ie timesheets): _____

_____

   Training Completed by: _____   Training Complete Date: _____