

REQUEST FOR ADD/CHANGE TO SCT SCREEN ACCESS

Operator Add/Change for: _____ Operator Number: _____

System: ___FRS ___HRS ___SIS (Check one)

Add/Change Screen Access:

Please Notate (I) Inquiry, or (A) Update access for each screen and the screen number. Notate (D) to remove or deny access to a particular screen.

Example: I102 , A100 , D405

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

*Signatures:

* Department Head: _____ Date: _____

*Registrar: _____ Date: _____

*CFO: _____ Date: _____

*Human Resource Director: _____ Date: _____

Completed By (CIO): _____ Date: _____

*For SIS Screens, Registrar signature required.
For SIS 400 Series Screens, Registrar and CFO signatures required.
For FRS Screens, CFO signature required.
For HRS Screens, Human Resource Director signature required.