

EMPLOYEE NAME: _____

SCHOOL DISTRICT: _____

BLDG: _____ POSITION: _____ BUS.PHONE: _____

EMAIL ADDRESS: _____

- ADD USER ACCOUNT** (all unselected categories will be treated as "no access")
- MODIFY EXISTING USER ACCOUNT** (check all boxes that reflect the desired account security)
- TERMINATE USER ACCOUNT**

USAS-R ROLES:	USPS-R ROLES:
<input type="checkbox"/> GROUP MANAGER <input type="checkbox"/> STANDARD USER	<input type="checkbox"/> GROUP MANAGER <input type="checkbox"/> STANDARD USER
<input type="checkbox"/> READ-ONLY USER <input type="checkbox"/> READ-ONLY – NO REQUISITION ACCESS	<input type="checkbox"/> ATTENDANCE USER <input type="checkbox"/> STANDARD READ-ONLY
<input type="checkbox"/> EMIS SIF USER <input type="checkbox"/> REQUISITION-ONLY USER	<input type="checkbox"/> DATES USER <input type="checkbox"/> DATES READ-ONLY USER
<input type="checkbox"/> AR MANAGER <input type="checkbox"/> AR READ-ONLY	<input type="checkbox"/> EMIS USER <input type="checkbox"/> EMIS READ-ONLY USER
<input type="checkbox"/> AR STANDARD	<input type="checkbox"/> PERSONNEL USER <input type="checkbox"/> PERSONNEL READ-ONLY

USAS-R ADDITIONAL PERMISSIONS:

- ACCOUNT FILTERS
- CASH ACCOUNT VIEW
- BUDGET REPORTS VIEW
- CASH ACCOUNT VIEW
- CUSTOM FIELDS
- LOOKUP TOOL
- MASS CHANGE
- ORGANIZATION VIEW
- POSTING PERIOD
- PURCHASE ORDER VIEW

USPS-R ADDITIONAL PERMISSIONS:

- ACH DESTINATION
- BANK ACCOUNT ACCESS
- CONFIGURATION ACCESS
- CUSTOM FIELDS
- FILE ARCHIVE
- MASS CHANGE
- MASS LOAD
- USER VIEW

USAS-R ACCOUNT FILTER: _____

USAS-R REQUISITION PREFIXES: _____

- Restrict requisition access to only be able to see assigned requisition prefix

THIS AUTHORIZATION FORM REQUESTS THAT LGCA ADD THIS EMPLOYEE AND GRANTS ACCESS TO USXS-R. ONCE THE EMPLOYEE ACCOUNT IS CREATED, LGCA WILL GRANT ROLES/VIEWS BASED ON THE ABOVE CRITERIA AS A COURTESY FOR THE SETUP PROCESS.

- I have read the [LGCA Security Policy and Procedures](#) and agree to abide by those documents

EMPLOYEE: _____ DATE: _____

TREASURER: _____ DATE: _____

SUPERINTENDENT: _____ DATE: _____