



FMS Access Responsibility Approval Form

The following individual is doing business with BGSU or employed on a NSLA (Non Student Letter of Employment), Temporary Staffing Contract, Graduate Assistant, or as an Undergraduate Employee and needs access to the financial system. I understand and agree that it will be my sole responsibility to monitor and oversee this individual’s access and use of our Financial Management Solutions System during their employment at BGSU. I also understand and agree that it will be my sole responsibility upon the termination of this individual to fill out the “FMS Security Access Request” form requesting this individual to be deleted from the FMS system and send it to the Technology Support Center at 110 Hayes Hall on or before the last date of employment. I understand and agree that failure to abide by this agreement could result in a reprimand, suspension or dismissal consistent with the policies and procedures of progressive disciplinary action of the University.

Individual FMS Access is requested for

Name _____

Title _____

Department _____

Employee ID# _____

Affiliation: NSLA TEMP GRAD STD UNDERGRAD

OTHER _____

*Next Level FMS Workflow Administrator _____
Signature

Printed Name _____ Date _____

*By signing this form, I am agreeing to abide by all statements pertaining to this document.