UCLA Semel Institute for Neuroscience & Human Behavior

Systems Access Request Form

System User Name _____ Payroll Title _____

Mednet Email _____ _____ UID _____

UCPath Supervisor _____ User UCLA Logon ID _____

Access requested (select all that apply):

☐ **OASIS ID** ☐ Create new ☐ Reactivate [for Recalled Staff] ☐ Existing: _____

☐ **Bruinbuy** **must** attach certificate of completion for Required Training

☐ **UCPath *for Central Administration only***

must attach certificate of completion for Required Training

☐ **UCPath Funding Entry Inquiry View *for Center/Division Administrators only***

must attach certificate of completion for Required Training

☐ **DTS PCR-360** ☐ Inquiry ☐ Reviewer ☐ Requester

☐ **Recharge** Required Training

☐ **Other** Provide information in Comments section and list FAUs if, applicable

List FAUs that employee will need to access, respective fund manager and system. For more rows, use manual process.

Loc	Acct	CC	Fund	Project	Fund Manager	System (BB+, ROR)	Limit	Fund Manager Approval
4								
4								
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Comments (e.g. mirroring someone else's access, revoking access, etc.)

I, _____, certify that I have taken all required university courses for the system access requested above. I acknowledge that I have delegated authority for purchasing orders for my center/division and will comply with university policies. I understand that failure to comply may result in temporary suspension or permanent revocation of access.

System User Signature Supervisor Signature

Submit questions to DSA DBeltran@mednet.ucla.edu