

**UNIVERSITY OF HAWAII
KFS SECURITY FORM
User Role Definition**

DATE: _____

Section A - Applicant Information

KFS Access:	New	Change	Delete:	Employee Leaving UH?	Yes	No
APPLICANT'S NAME (Last Name, First Name Middle Initial)				UH Number <small>to find your UH Number http://www.hawaii.edu/account</small>		
DEPARTMENT: _____				UH Username		
CAMPUS ADDRESS: _____				EMPLOYMENT TYPE: Regular Student Casual Other	PAGECENTERX MAILBOX <i>Add Del Chg</i>	
CITY: _____ STATE: _____ ZIP CODE: _____					<small>(Enter Mailbox Name)</small>	
PHONE: _____ E-MAIL ADDRESS: _____				JasperReports Server Folder:		
KFS PRIMARY CHART-ORG: _____						

Section B - Campus Roles

ACTION <small>(Add/Del /Chg)</small>	ROLE	CHART-ORG	ACTION <small>(Add/Del /Chg)</small>	ROLE	CHART-ORG
				Content Reviewer (24)	
	Financial System User (54)	(N/A)		Labor Inquiry (10028)	
	AR Biller (54)			Organizational Purchasing Officer (10007)	
	AR Cash Manager (30)			Payment Viewer (18)	1014
	AR Processor (54)			Project Director (40)	(N/A)
	CAM Processor (6)			Salary Transfer Initiator (10037)	(N/A)

Section C - Central Office and Special User Roles

ACTION <small>(Add/Del /Chg)</small>	ROLE	ACTION <small>(Add/Del /Chg)</small>	ROLE	ACTION <small>(Add/Del /Chg)</small>	ROLE
	AP Processor (22)		Contracts & Grants Agency Administrator (10023)		Labor Viewer (10042)
	AR Manager (31)		Contracts & Grants Manager (38)		PDP Manager (19)
	AR Invoice Type Reviewer (10004)		Contract & Grants Processor (39)		PDP Processor (20)
	Asset Manager (34)		Customer eDoc Reviewer (10001)		Regional Budget Manager (65)
	Bank Reconciliation User (10005)		Disbursement Manager (12)		Tax Manager (50)
	Central Procurement Approver (10009)		Disbursement Method Reviewer (70)		Treasury Manager (16)
	Chart Manager (37)		GALC Manager (10002)		Risk Management Approver (10008)
	Check Recon User (10020)		GALC Processor (10003)		Vendor Reviewer (56)

Section D - Fiscal Authority

General Confidentiality Notice Date: _____ Information Security Awareness Training Date: _____

Print Name: _____ Signature: _____

Email Address: _____ Phone: _____

*Return completed form to: KFS Security Administrator ~ C/O Fiscal Services Office ~ 1406 Lower Campus Rd, Rm 43 ~ Honolulu, HI 96822
Or email the signed copy to: fissrv@hawaii.edu*

KFS Security Administration Use Only

Doc Nbr _____ JRS _____ PCX _____ Date _____