



**Chancellor's Office
Access Request Form
OWAG**

Office of the Chancellor
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Inter-Institutional Transaction Processing

To complete this form:

- Fill out Sections A, B and C.
- Send the completed document to Banner-Access in the Controller's Division.

(Note: To expedite your request, this document may be faxed, and the original sent as follow-up.)

Section A: Requestor Information

Name: _____ Date Access Needed: _____
 Job Title: _____ Campus ID # _____
 Department: _____ Email Address: _____
 Institution: _____ Campus Phone: _____

Section B: Description of Access Need(s)

Describe, as best you can, your **business role** that necessitates this access. Please provide as much detail as possible. Attach additional paperwork if necessary.

- Are you replacing someone? If so, indicate their name here: _____
- Should your access replicate that of a coworker? If so, indicate their name here: _____
- Do you require access to the **PWICEMP** form? **NO** _____ **YES** _____ ***

Section C: Department Signatures Required for Approval

Name of Person Gaining Access (Printed)	Signature of Person Gaining Access	Date
Supervisor's Name (Printed)	Supervisor's Signature	Date
Institution Business Affairs Director's Name (Printed)	Business Affairs Director's Signature**	Date

**Signature signifies that this access request is within the normal range of business activity for the position and department, and does not mitigate proper segregation of duties.

Security Administration: Office Use Only

Director of Budget and Business Services	Date	CO Security Administrator	Date
Assoc. VC F&A / Controller ***	Date		

*** This signature is required for any access request to the PWICEMP form (see Section B)