UCLA Semel Institute for Neuroscience & Human Behavior

Systems Access Request Form

Requested for: _____ Title:_____

Email address: _____ UID:_____
(If none complete Directory Personnel Update form and submit to HR)

Supervisor Name _____ Supv. Email Address: _____

Access requested (select all that apply):

☐ **OASIS ID** ☐ Create new ☐ Delete ☐ Transfer ☐ Suspend ☐ Reactivate

☐ **Bruinbuy** **must** attach certificate of completion after completing Required Training

☐ **UCPath *for Central Administration only* must:**
attach certificate of completion after completing Required Training

☐ **UCPath Funding Entry Inquiry View *for Center/Division Administrators only* must:**
attach certificate of completion after completing Required Training

☐ **IT Phone** ☐ Inquiry ☐ Reviewer ☐ Requester

☐ **Recharge** Required Training

☐ **Travel** Required Training

☐ **Other** (please specify): _____

List FAUs that employee will need to access. Acct/cc/fund required for Semel Finance office managed FAUs.

I, _____, certify that I have taken all required university courses for the systems 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:_____ Date: _____

Approved by:

Supervisor Signature: _____ Date: _____

Supervisor Name (printed): _____

Fund Manager Signature(s): _____
(if multiple, include fund #(s) next to signature)

Submit requests to DSA DBeltran@mednet.ucla.edu.