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 circle one: Create new Delete Transfer Suspend Reactivate

☐ Bruinbuy+ (attach certificate of completion) Required Training

☐ UCPath (attach certificate of completion) *for Central Administration only* Required Training

☐ IT Phone circle all that apply: 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 and internal departmental 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 Julie Schaefer Jschaefer@mednet.ucla.edu .