

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

DATE: _____

Section A - Applicant Information

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

Section B - Campus Roles

ACTION <i>(Add/Del /Chg)</i>	ROLE	CHART-ORG	ACTION <i>(Add/Del /Chg)</i>	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)	(N/A)
	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 <i>(Add/Del /Chg)</i>	ROLE	ACTION <i>(Add/Del /Chg)</i>	ROLE	ACTION <i>(Add/Del /Chg)</i>	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)		Risk Management Approver (10008)
	Central Procurement Approver (10009)		Disbursement Method Reviewer (70)		Tax Manager (50)
	Chart Manager (37)		GALC Manager (10002)		Treasury Manager (16)
	Check Recon User (10020)		GALC Processor (10003)		Vendor Reviewer (56)

Section D - Fiscal Authority

General Confidentiality Notice on File? Yes No	
Print Name: _____	Signature: _____
Email Address: _____	Phone: _____

Return completed form to:
KFS Security Administrator ~ C/O Kualii Project Office ~ 2500 Campus Road, Hawaii Hall 102 ~ Honolulu, HI 96822

KFS Security Administration Use Only

Doc Nbr _____ eThORITY _____ PCX _____ Date _____