MONASH University

REQUEST FOR SAP TEMPORARY ACCESS/ DELEGATION

Please note that the minimum period of delegation is 2 weeks

INSTRUCTIONS FOR REQUESTING SAP TEMPORARY ACCESS

1. Please print all information using a ball-point pen.
2. Complete ALL sections.
3. Forward the original to the address shown at right.
4. Allow 2 weeks minimum to process
5. Please keep a copy for your records.
6. This form is CONFIDENTIAL when completed

Corporate Finance Division
PO Box 3F, Monash University, Vic. 3800
Or hand deliver to 710 Blackburn Road,
Building 2, 2nd level
Attention: Pam Greenwood
Please mail, faxed forms not accepted

1. USER DETAILS (FROM): Complete the following information to identify the User from which access is to be delegated/ transferred.

Name: _____ (Last name (Please print)) _____ (First name) _____ (Position Number (refer note))

Note: It is mandatory to complete the position number field. It must be an INDIVIDUAL'S unique position number - NOT a block position. For information on how to obtain this number Refer: http://sssd.adm.monash.edu.au/opm/login.asp

Department/ Centre: _____ Email Address: _____monash.edu.au

Personnel No: _____ SAP/ Novell User ID: _____ Org Unit Number: _____

Complete either Q.1 or Q.2
Q.1 Has a leave form been submitted to S&SSD for the period of temporary access by the user (from)? Yes / No
Q.2 Has a resignation form been submitted to S&SSD by the user (from)? Yes / No
Is the user (to) acting in the position for the period of temporary access pending a new appointment? Yes / No

2. USER DETAILS (TO): Complete the following information to identify the User to whom access/ delegation is to be granted.
*Note: All access privileges, including Financial Delegation authority and Workflow approval designation, will be replicated exactly the same **TO** the User nominated below and for the specified period below.*

Name: _____ (Last name (Please print)) _____ (First name) _____ (Initial)

Department/ Centre: _____ Email Address: _____

Personnel No: _____ SAP/ Novell User ID: _____ Org Unit Number: _____

ACCESS PERIOD: Specify the date(s) for which the temporary access is to be applicable.

Valid From Date: / / (date) Valid To Date: / / (date)

4. FINANCIAL DELEGATION $ AUTHORITY: MUST be completed if the User from whom access is to be transferred has financial delegation authority.

The Financial Delegation $ Limit to be temporarily assigned to the specified User is $ _____. (insert current financial delegation of User (from))
Note: If the amount specified is not the financial delegation $ limit currently assigned to the User, the form will be returned for correction & approval.

☐ Setup new Temporary Authority ☐ Set up Temporary Paper based Non-SAP authority only (i.e. record signature in SIGVER only)

Specimen Signature of User (TO):

5. TEMPORARY ACCESS/ DELEGATION APPROVAL - please sign and obtain the Head of Department's signature of approval.
Note: Where request is for Head of Department or higher, authority must be approved by the person to whom the requestor directly reports.

6. Has the staff member receiving the temporary access (User to) completed approved SAP training for the modules they will receive temporary access? **Yes / No**

_____ ____/____/____ REQUESTOR'S SIGNATURE (Date)	_____ ____/____/____ APPROVED BY Head of Department or Delegated Officer (signature) (Date)
_____ Ext. _____ REQUESTOR'S NAME (print name)	_____ Ext. _____ APPROVED BY Head of Department or Delegated Officer (print name)
	_____ ____/____/____ APPROVED BY IAS Nominated Faculty/Division Officer or Deputy (signature) (Date)
	_____ Ext. _____ APPROVED BY IAS NominatedFaculty/Division Officer or Deputy (print name)
Corporate Finance & Monash HR Use Only	
ACTIONED BY: **DATE:** / /	**ACTIONED BY:** **DATE:** / /

HR Services privacy collection statement is located at http://privacy.monash.edu/guidelines/coll-persinfo.html#hr