LOYOLA UNIVERSITY CHICAGO

AU or Level Access Form

Use this form to request additional or revised access to financial applications for one AU or Level

Form Instructions

Click here to Submit this Form by Email

Forms that are scanned or printed to PDF will be returned to the sender for resubmission.

Request Type: ☐ Additional Access - to add new levels or AUs to existing user's profile

☐ Revised Access - to replace current access for existing users

AU or Level: AU or Level # _____ Description _____

AU Types: For Level Access, indicate the Accounting Unit (AU) Types that will apply to the financial applications selected below

☐ All AUs ☐ Operating AUs ☐ Gift AUs ☐ Endowment AUs ☐ Sponsored Program AUs

Authorized Users:

What is RQC?

UVID/ Network ID	Employee Full Name	Signature Authority	Reporting Services Financial Reports	Lawson Requisition Center (RQC)

Financial Applications:

- **Signature Authority** - Indicate if the user is authorized to initiate or approve payment or payroll requests/make purchases/transfer expenses for the AUs or Levels listed on the form.
- **Reporting Services - Financial Reports** - Select if the user should be able to generate financial reports for the AUs or Levels listed on the form and the level of payroll access they should have.
- **Lawson Requisition Center -** Indicate if the user will be using the online application to create purchase requisitions in Lawson RQC for the AUs or Levels listed on the form. *Note: to establish new RQC or BI Portal users, a System Access Form should be submitted to FinancialSystems@luc.edu.*

Please provide additional notes or comments, if necessary.

Authorization: *I authorize the above named individual(s) access as indicated on this form. I have reviewed the confidentiality policy with the employee(s) and the employee(s) agrees to all policy procedures.*

** As the Principal Investigator (PI) of a grant or contract, I acknowledge that I bear the prime responsibility for the fiscal management of this project. A monthly review of expenditures will be conducted to ensure accuracy and appropriateness of the charges on this accounting unit. Any costs assigned to this accounting unit are allowable, allocable and reasonable costs of the project. Any costs that do not meet these criteria will be removed from the sponsored program in a prompt and timely manner.*

Requester Name _____ Approver Name - Principal Investigator or Departmental _____ Date _____

Please note: If the person submitting this form is not the approver or PI, please copy approver or PI on email to FinancialSystems/GrntCon.

Financial Systems Use Only

Financial Systems Approval _____ Date _____