



IT Services Use Only

Date Initial

Approved by:	CFS Username:			
	CFS Share Name:			
	SAP Username:			
	SAP M/List & SO10	M/L	SO10	
	SRS Username:	SITS	WEB	
	CMIS Username:			
	PAMS Username:			
	Kinetics Username:			
Date:	Details Sent:			

Please complete all relevant sections and return to:
IT Services (Computer Centre).

The Head of Department MUST sign this form.

Staff should complete this form when registering to use the secure computer systems provided by I.T. Services, including:

- SAP/LUCRE System
- Student Records (SITS & E-Vision)
- University Registration Database (Staff, Students and Associates)
- PAMS Accommodation System
- Kinetics (Conferencing/Catering) System
- CMIS (Timetabling) System

Which System do you require access to?
(Please 'tick' as appropriate)

- SAP (inc. LUCRE) System
- Student Records System
- URDB
- Accommodation System (PAMS)
- Kinetics
- CMIS (Timetabling)

Section 1: Personal Details

Title		Payroll No.		Telephone	
Initials				Email	
Forename				Department	
Surname				Post Title	
Is your position temporary?	Yes	No		Room No.	
				Building	
(If yes) Contract End date:				Location	
				Postcode	

Section 2: SAP

Do you require an existing SAP licence to be transferred to you, i.e. are you replacing a previous user? **Yes** **No**

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If a current SAP user exists in your area, do you require the same access? If so, please provide details of the user below.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Details of the SAP user you are replacing/replicating:

SAP User Name:

Name of User:

..... go to Section 4

Section 3: Shared Access

CFS

Please give details of any shared resources you need access to; e.g. shared data area.
(Please note that this does not include shared calendars and diaries)

Please ensure that you have a CFS account or complete the CFS registration form to obtain an account.

Section 4: SAP Requirements

Please state your SAP system access requirements *(Please tick all that apply)*

- | | | | |
|--|--------------------------|---|--------------------------|
| Purchasing
<i>(inc. Goods Receipt & Invoice Verification)</i> | <input type="checkbox"/> | LUCRE <i>(Research Costing)</i> | <input type="checkbox"/> |
| Stores Processing | <input type="checkbox"/> | Accounting <i>(Reports & Enquiries)</i> | <input type="checkbox"/> |
| Equipment Inventory
<i>(Asset Management)</i> | <input type="checkbox"/> | Journal Processing | <input type="checkbox"/> |
| | | Human Resources | <input type="checkbox"/> |

Other *(Please Specify)*:

Section 5: Student Records System

SITS Client Access

Note that SITS Client Access is generally only available to staff in Corporate Services Departments

- | | |
|----------------------|--------------------------|
| Main Student Records | <input type="checkbox"/> |
| Cashiers Office | <input type="checkbox"/> |
| Read Only | <input type="checkbox"/> |
| Admissions | <input type="checkbox"/> |

Web Access (e-Vision)

- | | |
|--------------------------------|--------------------------|
| General Student Records Access | <input type="checkbox"/> |
| DL Admissions (Update) | <input type="checkbox"/> |
| Campus Admissions (Read Only) | <input type="checkbox"/> |

Section 6: Timetabling (CMIS)

If a current CMIS user exists in your area, do you require the same access?

Yes No

If so, please provide details of the user you are replacing/replicating below.

Name of User:

Section 7: Accommodation (PAMS)

If a current PAMS user exists in your area, do you require the same access?

Yes No

If so, please provide details of the user you are replacing/replicating below.

Name of User:

Section 8: Conference & Catering (Kinetics)

If a current Kinetics user exists in your area, do you require the same access?

Yes No

If so, please provide details of the user you are replacing/replicating below.

Name of User:

Please return completed forms to:

*IT Service Desk
IT Services - Computer Centre Building
University of Leicester
University Road
Leicester
LE1 7RH*

SECTION 9: User Signature

Signature:

Print:

Date:

SECTION 10: Authorisation

Head of Dept Signature:

Print:

Date: