

**MSU****ACTION REQUEST FOR GLIN, E-PRINT, OR PPS SYSTEMS**Murray State University  
Accounting & Financial Services

**PURPOSE:** This form is to be completed by an Account Manager, Dean, Chair, or VP to request account access, change in access, or deletion of access to GLIN, e-Print, or the PPS system for a MSU employee. Account access can only be granted to accounts under the authority of the requesting University personnel.

**ROUTING:** This form must be completed on-line, printed, and signed by both the USER and the ACCOUNT MANAGER, DEAN, CHAIR, OR VP then mailed via campus mail to Accounting & Financial Services, Sparks Hall 2nd Floor or faxed to 3014. Notification of your access will be provided through campus e-mail.

**USER INFORMATION:**

Employee Name \_\_\_\_\_ SSN (last four #'s) \_\_\_\_\_  
 Job Title \_\_\_\_\_ Position # \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Dept Name \_\_\_\_\_  
 Campus Mailing Address \_\_\_\_\_ Campus Phone \_\_\_\_\_

**TYPE OF REQUEST: (CHECK ALL THAT APPLY)**

CREATE USER	CHANGE USER	DELETE USER	DESCRIPTION OF SYSTEM ACCESS
			<b>GLIN</b> - General Ledger Inquiry for viewing daily updates to accounts
			<b>e-Print Standard</b> - for viewing monthly updates to standard reports
			<b>e-Print Standard + Payroll</b> - for viewing monthly updates to standard reports and payroll reports
			<b>PPS</b> - Purchasing Payable System - for access to the web based purchasing system

Additional comments regarding user access:

**ACCOUNT REQUEST:** Account access may be determined by the type of system access.

All accounts under my authority. (Only list account numbers if all accounts under your authority are not to be included)

Individual accounts under my authority - please list each 8-digit account number below

ACCOUNT NUMBER

ACCOUNT NAME

If additional space is needed, type account number and name on the back of this form and check here

**USER'S AGREEMENT:**

By signing below, I acknowledge that I have read the Murray State University procedures for the administration of the Family Educational Rights and Privacy Act (FERPA) at <http://www.murraystate.edu/adm/ad&rg/FERPA/confidentiality.htm>. I further acknowledge that my OPID and Passwords issued are to be used solely in connection with the performance of my authorized job functions and that I will take all necessary steps to prevent disclosure of my account or passwords with others. **\*\*Failure to comply with the above statement may result in removal of your access\*\***

User's Signature \_\_\_\_\_

Date \_\_\_\_\_

**REQUESTING ACCOUNT MANAGER/DEAN/CHAIR/VP'S AGREEMENT:**

By signing below, I acknowledge that I have assumed the responsibility to allow the above user access to accounts within my authorization. I further acknowledge my responsibility to request change or cancellation of access due to any changes in the employee's status which may effect access (e.g. termination of employment, leave of absence, or change in position).

Requester's Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\* FOR ACCOUNTING & FINANCIAL SERVICES USE ONLY \*\***

OPID \_\_\_\_\_ Z Password \_\_\_\_\_ Originator Access  Approver Access   
 GLIN Password \_\_\_\_\_ Individual Access  Dept Access  School Access   
 VBS: FY \_\_\_\_\_ CC \_\_\_\_\_ DIV \_\_\_\_\_ SCH \_\_\_\_\_ DEPT \_\_\_\_\_ SUBDIV \_\_\_\_\_ EXEC \_\_\_\_\_ ACCP \_\_\_\_\_  
 PURCHASING APPROVAL ID \_\_\_\_\_ FY INDICATOR \_\_\_\_\_ DATE USER NOTIFIED \_\_\_\_\_