

SAP Central FI/HCM Access Request Form

Users Name _____	Employee Number: _____
Users Email: _____	Department: _____
<input type="checkbox"/> New User (Temp <input type="checkbox"/> Employee <input type="checkbox"/>)	<input type="checkbox"/> Position Change (Will replace existing access as noted in this form)
<input type="checkbox"/> Change Access (CWID: _____)	<input type="checkbox"/> Deactivate SAP ID (CWID: _____)

Central Finance Positions

Accounting Operations	Accountant I	Supervisor – Accounting	Master Data Clerk – FI	Master Data Clerk – FM
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Budget	* WF Approvals: Change of Funding, Board Approved Comp			
Budget Analyst	Budget Manager *	Budget Director *		

Compliance	* WF Approvals: SRM Requisition			
Compliance *				

Financial Management/Controller	* WF Approvals: SRM Requisition			
Associate Controller*	Controller - Accounting*	FI CO Management		

IDC/Asset Management	AA Master Data Clerk	IDC Admin	Supervisor - Indirect Costs	
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Physicians Organization	PO Management contains all noted PO positions.			
PO Finance	PO Prorates Admin	PO Management	PO BI Reports	PO Support

Purchasing & Disbursements	* WF Approvals: SRM Requisition			
AP Master Data Clerk *	AP Analyst	AP Supervisor	AP Manager	
PCard Mgmt	SRM Operational Purchaser	SRM Purchasing Assistant		

Research Accounting	* WF Approvals: Change of Funding, SRM Requisition			
RA Analyst	Supervisor - Research Acctg	Controller - Research Acctg *		

Research & Sponsored Programs	Grants & Contracts Admin			
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Student Accounting/Cashier	Cashiers Office	Administrative Aid - STU Acctg	Student Accounting Mgr	Treasury Clerk
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Central HCM Positions

Benefits Management	Benefits Administrator	Benefits Manager		
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Compensation	Compensation Admin	Compensation Manager		
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Human Resources/Management & Employee Relations	Employee Relations Admin	HCM Manager		
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Payroll	Payroll Administrator	Payroll Manager		
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Records & Data Management	Records & Data Admin	Records Manager		
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Recruiting	Immigration Admin	Recruitment Admin		
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Additional Comments:

Training: All positions requested require that you attend a training session. To schedule a training session, please contact the training team at: wbg-training@med.cornell.edu

The DA/DD must attach the completed request form within GRC by opening a GRC Request. To open a GRC request, log in to the [WBG](#) and click on the "GRC" tab followed by the "Compliant User Provisioning" link.

I AM AWARE OF AND AGREE TO COMPLY WITH WCMC POLICIES AND PROCEDURES PERTAINING TO THE PROPRIETARY AND CONFIDENTIAL NATURE OF THE INFORMATION TO WHICH I MAY HAVE ACCESS.

Users Signature: _____ Date: _____

Chairperson's Signature: _____ Date: _____