

SAP Qatar Access Request Form

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

Qatar Finance Positions

Accounting Operations			
Accounts Payable Coordinator	Research Accountant		
Cashier			
Cashier			
Facilities Management			
Facilities Manager	Facilities Store	Public Affairs Admin	Research Admin
Financial Management * WF Approvals: Finance Approval (Line Item & Info Type)			
Associate Director of Finance*	Director of Finance	Financial Manager	
Procurement Card			
PCARD Access: Please fill out the form located HERE			
Purchasing			
Purchasing 1	Purchasing 2	Purchasing 3	Associate Director Procurement
Unit Administration			
Unit Head <small>(Fund Approver/Reporting)</small>	Unit Administrator <small>(Fund Reporting)</small>		
Fund Center _____	Fund Center _____	Fund Center _____	Fund Center _____
Fund Center _____	Fund Center _____	Fund Center _____	Fund Center _____
Fund Center _____	Fund Center _____	Fund Center _____	Fund Center _____
Workflow – SRM Requisition Approval			
Unit Head – ITS	Unit Head – EHS	Unit Head – HR	Unit Head – Facilities
Unit Head – Procurement	Unit Head – Deans Office	Unit Head - Compliance	
Workflow – PO Approval			
Unit Head - Procurement	Unit Head – Finance	Unit Head - Deans Office	

Qatar HCM Positions

Compensation & Benefits		
Comp & Benefits (Qatar)		
Immigration and Evacuation		
Qatar Evacuation Administrator	Qatar Evacuation Display	Qatar Immigration Process (System Admin)
Qatar Immigration & Mobilization (Data Maintenance)		
Payroll		
Qatar Payroll Administrator		
Recruiting		
Qatar New Hire	Qatar New Hire Review	Qatar Post Hire
Time Management		
Time Keeper		Time Administrator
Main__ Backup__		Main__ Backup__
Sub Area _____		Sub Area _____
Sub Area _____		Sub Area _____
Sub Area _____		Sub Area _____

Additional Comments:	
I AM AWARE OF AND AGREE TO COMPLY WITH WCMC/WCMC-Q POLICIES AND PROCEDURES PERTAINING TO THE PROPRIETARY AND CONFIDENTIAL NATURE OF THE INFORMATION TO WHICH I MAY HAVE ACCESS.	
User's Signature: _____	Date: _____
Unit Head's Signature: _____	Date: _____
Finance/HR's Signature: _____	Date: _____