

Georgia Regents University Health eShop Shopper Security Access Request

****DO NOT USE THIS FORM IF YOU ARE A PSFIN REQUESTER.****

Name of Shopper:
Department Name:
Department ID:
Bldg/Rm#:
Delivery Rm#:

Empl ID:
Title:
Phone:
Novell Login:
Email Address:

ADD - Requesters listed below for this Shopper

Effective Date:

DELETE - Requesters listed below for this Shopper

Effective Date:

List of Requesters: *(Do not list Name of Shopper from Above)*

Please list the following PeopleSoft Financials Requesters that the above SciQuest Health eShop Shopper will assign their shopping carts to for processing. (A PeopleSoft Financials Requester is an authorized PeopleSoft Financials user that can enter eProcurement requisitions.) NOTE: At least ONE requester needs to be identified.

Requester's Name	Department ID / Name
1)	
2)	
3)	
4)	
5)	

DELETE - this Shopper from Health eShop Access

Effective Date:

Approval for Security Access Request Form

Supervisor's Name:

Phone:

Supervisor's Signature:

Date:

[Fax Completed form to 706-434-7130. You will be contacted when your access is completed.]

Functional Security Officer:

Additional Functional Sign-off:
(If required)