

REGION V USER AUTHORIZATION FORM

Rev. mfg20170216

Return to either sfsupport@regionv.k12.mn.us or shrsupport@regionv.k12.mn.us or fax to 507.388.5978

District Number _____ District Name _____

Full Legal Name of New User _____

Employee ID Number or Third Party Agency _____ User's Title or role _____

Check One: SMART HR SMART Finance Both (HR Default) Both (Finance Default)

Additional Info for SMART HR User: Check all functions the user should have access to:

Payroll Personnel Human Resources TimeOff COBRA STAR Injuries & Workers Comp

Check Recon Budget View Only Payroll View Only Time Off View Only Personnel

Additional Info for SMART Finance User: Location _____

Check all functions the user should have access to: PO/Requisition Approver

Accounts Payable Clerk Accounts Receivable Clerk Business Manager Fixed Asset

PO Clerk No Vendor PO Clerk Receiving Clerk Requisition Clerk Superintendent/Principal
(view only)

Signature Access – Will the new user be responsible for:

Printing Checks? Printing Purchase Orders?

Additional Info for eR – Check all functions the user should have access to:

POADMIN Online Ordering Supervisors Report of Accident

Add User to Region V Contacts? Yes No

If yes, phone number _____ email address _____

Add to Bulletins Distribution List? (check any needed) HR Finance Reporting

*** Is this user replacing one that should be deleted? If yes, please enter info below:

Emp No. _____ Employee Name _____ Effective Date _____

Any other access needed or additional comments _____

Authorizing Signature _____

Printed Name _____ Phone number _____

REGION V USE ONLY scanned initials _____

RDP Login regionv\ _____ init _____ Date _____ RDP deleted init _____ Date _____

Added to Contacts initials _____ Date _____ Deleted from Contacts initials _____ Date _____