

FINANCE COGNOS ACCESS REQUEST FORM FOR QUERY STUDIO

Please email completed and signed form to $\underline{\text{financesecurity@njit.edu}} \text{ via NJIT email}$

(PLEASE DO NOT EMAIL FROM A SCANNER)

SECTION 1: New Cognos User Information (Please do not input requester information)

Last, First Name	Title	Department
New Cognos User Email	Phone (Extension)	UCID
Supervisor Name	Supervisor Email Address	Request Date

SECTION 2:

Type Selected -	Faculty/Staff	Student / Other (Please comment below)	
		Expiration Date (Max 3 months):	

SECTION 3: Finance Cognos Request

Cognos Request (Finance Package Segments)	Add / Remove	Purpose / Justification
Budget		
Encumbrance		
Endowment		
Fixed Asset		
General Ledger		
Grant Ledger		
Invoice Payable and Purchasing		
Operating Ledger		
Employee and Position (Requires Vice-President's Approval)	Restricted	
Payroll (Requires Vice-President's Approval)	Restricted	



SECTION 4:

New Cognos User Certification	Supervisor/ Departments Approval	
I certify that I have read and agreed to the employee's responsibilities. Within NJIT, I understand employees have authorized access to University records only to the extent necessary to perform official University duties, and responsible for protecting information against unauthorized access or disclosure. I agree to abide by all appropriate NJIT and departmental policies and procedures.	access for the listed named employee. The Portal Access is necessary to cover a critical business need within the named NJIT Department/Unit and	
Signature Date	Signature Date	

SECTION 5:

Special Request Access (Student, Temporary Employee, Consultantetc) VP Approval				
Due to special circumstances I certify, acknowledge and approve access to NJIT's COGNOS system for the listed individual. In addition, this temporary assignment will expire on the stated end date on this document (maximum-three months). Should an extension be needed, a new form must be submitted by the department for recertification.				
Signature (VP Approval) Date				

SECTION 6:

Financial Systems and Innovation Office Use Only				
Approved				
Not Approved				
NOTE:				
FSI Staff Name	Signature	Date		