

Created new account as like User _____ **Username** **Imperial Valley College** Full Time Employee _____
 Change account access. **Banner Request Form** Part time _____
 Delete Account

(To be completed by the user)

Banner User Identification Please Print	It is the responsibility of the employee and the employee's supervisor to ensure that the use of this account by signing this form I acknowledge awareness of and compliance with the Confidentiality Statement. Name : _____ Phone: _____ User Signature: _____ Date: _____
User Name:	
Banner I D:	
Job Title:	

(To be completed by the user)

Have you attended a **Banner Navigation training** session? No Yes Date: _____

Forward to your supervisor/dept head for completion.

Banner Access Request Approval
(to be signed and dated by supervisor/dept head)

Department:	Phone:
Supervisor: (print)	Date:

Supervisor Signature: _____ **Date:** _____

Select your Profile(s) Access and Forward to the Functional Lead

To see a list of Profiles and Functional Lead, please go to <http://www.imperial.edu/sct>

Banner Profile Access Authorization

Please check or mark X on the type of access that you need.

STUDENT	FINANCIAL AID / COUNSELING	FINANCE
Admissions & Records: <input type="checkbox"/> Admissions General <input type="checkbox"/> Admissions Super <input type="checkbox"/> Admissions Student Instruction Office: <input type="checkbox"/> Instructions General <input type="checkbox"/> Catalog Maintenance <input type="checkbox"/> Schedule Maintenance EOPS <input type="checkbox"/> EOPS Maintenance DSPS <input type="checkbox"/> DSPS Maintenance Other Form: _____ Functional Lead Signature: _____	Advisor / Counselor: <input type="checkbox"/> Advisor / Counseling <input type="checkbox"/> Master Roster Web Access <input type="checkbox"/> SYOSPROFILE <input type="checkbox"/> RNANA06 <input type="checkbox"/> RNASLO6 Other Forms: _____ _____ _____ Functional Lead Signature: _____ <input type="checkbox"/> SYOSPROFILE <input type="checkbox"/> SYOSPROFILE <input type="checkbox"/> SYOSPROFILE Functional Lead Signature: _____	Function: <input type="checkbox"/> Query _____ <input type="checkbox"/> Initiator _____ <input type="checkbox"/> Approver _____ <input type="checkbox"/> All <input type="checkbox"/> Initiator <input type="checkbox"/> Approver <input type="checkbox"/> Purchasing <input type="checkbox"/> Fiscal Director <input type="checkbox"/> Receiving <input type="checkbox"/> Business Office <input type="checkbox"/> Account Payable <input type="checkbox"/> Vendor Maintenance <input type="checkbox"/> Budget <input type="checkbox"/> IS Support Other Form: _____ ORG _____ Functional Lead Signature: _____

(To be completed by IS Department)

Process By IS Signature: _____ **Date:** _____