



THE UNIVERSITY OF GEORGIA FOUNDATION

Clear Form

Request for Access to the ONESolution System

A request should be completed for each individual needing access to the Foundation's accounting and reporting system known as SunGard Bi-Tech's ONESolution. All users must be familiar with the Foundation's policies and procedures located at <http://dar.uga.edu/ugafoundation>. Completed requests for access should be routed for appropriate department and unit approvals and then sent via campus mail to: ONESolution, Milledge Center, Room 100.

Type/Print Name: _____ UGA MyID: _____

Title: _____ Email Address: _____

Unit Name: _____ Unit No.: _____

Department Name: _____ Dept. No.: _____

Campus Address: _____ Phone No.: _____

Access Requested: Check Request Webform Initiator Check Request Approver Reporting Access

*NOTE: Required training depends on the access level requested.

Indicate level of access requested in the space provided below by using the following parameters:

- 1. Unit Access - list names of the applicable schools, colleges, or units from the UGA organization chart.
- 2. Department or Multi-Department Access - list names and numbers of the applicable departments from the UGA department listing.

NOTE: For any unit or department given, user would have access to all accounts benefiting the selected unit/department including accounts added later. UGA organization chart and department listing can be obtained through ARROW.

TERMS OF USE AND CONFIDENTIALITY STATEMENT:

As an employee of the University of Georgia, I am aware that any information, data, or materials I will have access to in ONESolution is to be treated in a confidential and professional manner. I agree the information will only be used for the support of internal departmental functions and may not be disclosed to any third party or used for any purpose other than University related business. I have read and understand the policies and procedures of the University of Georgia Foundation and will adhere to them. I will implement adequate physical security procedures and protect my login and password to guarantee that unauthorized persons do not have access to ONESolution or its information. I understand ONESolution uses Internet-based connection which should not be left running unless it is actively being used. I understand that failure to follow these guidelines could result in the revocation of access. By signing below, I agree to abide by the aforementioned guidelines.

Signature: _____ Date: _____

APPROVALS:

The request for access must be approved by the primary persons responsible for Foundation business for the unit(s) and department(s) indicated above. In most cases, this will be the Vice-President, Dean or Director of the applicable unit.

Department Head:			
(IF APPLICABLE)	SIGNATURE	TYPE/PRINT NAME	DATE

VP/Dean/Director:			
	SIGNATURE	TYPE/PRINT NAME	DATE

*******The Area Below Is For Use By The Information Technology Department Only*******

Date & Authorizer: _____ Date & Assigner: _____ Date & Trainer: _____

Roles: _____