



Cardinal Security Form

Security Access Entered By: Date:

SECURITY ACTION REQUESTED (select one)

- | | | |
|---|---|--|
| <input type="checkbox"/> New User Setup
(complete all applicable fields and roles) | <input type="checkbox"/> Update Existing User
(complete all applicable fields and roles) | <input type="checkbox"/> Lock Out Existing User
(complete User Info Section Only) |
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USER INFORMATION

Name - Last, First, Middle Initial <input type="text"/>	Email Address, e.g., <i>first.last@agency.virginia.gov</i> <input type="text"/>
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Employee ID: <input type="text"/>	Network Logon ID: <input type="text"/>
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User's Job Title: <input type="text"/>	Business Unit: <input type="text"/>	Department ID: <input type="text"/>
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Is the User a contract worker? If so, check box and provide User's Supervisor Name and Employee ID:

Supervisor Name: <input type="text"/>	Employee ID: <input type="text"/>
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USER SETUP

REQUIRED: ROW LEVEL SECURITY-Use drop down list to choose the correct Row Level Security permission list. Only one per user.(a user can only view, enter, or process transactions for Business Units included in their Row Level Security permission list)

Business Units 10000 to 59999: <input type="text"/>	Business Units 60000 to 99999: <input type="text"/>
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If user is an Expenses Approver , please select which expense profile is needed. May leave blank if user is a Supervisor or backup approver:	<input type="checkbox"/> Agency Head	<input type="checkbox"/> Fiscal Officer
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<input type="checkbox"/> Check box if profile is to be removed from existing user.	<input type="checkbox"/> DOA Pre Audit (DOA Only-Statewide)
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If Agency Head or Fiscal Officer , enter Business Unit(s) and Department ID number(s) user approves.	<input type="text"/>
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Accounts Payable (check all roles requested)

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| <input type="checkbox"/> Vendor Conversation Processor | <input type="checkbox"/> Voucher Processor | <input type="checkbox"/> Special Voucher Processor |
| <input type="checkbox"/> Voucher Approver* | <input type="checkbox"/> Final Voucher Approver* | <input type="checkbox"/> Voucher Upload Error (Interfacing Only) |
| <input type="checkbox"/> Payment Reconciler | <input type="checkbox"/> 1099 Administrator | <input type="checkbox"/> Expense Employee |
| <input type="checkbox"/> Expense Processor | <input type="checkbox"/> Employee Profile Maintenance | <input type="checkbox"/> Expense Approver |
| <input type="checkbox"/> Expense Reassign | <input type="checkbox"/> Secure Payment Reporter | <input type="checkbox"/> Petty Cash Processor |
| <input type="checkbox"/> Payment Cash Configurator | <input type="checkbox"/> Workflow System Administrator | <input type="checkbox"/> EDI Viewer (Tier II and Tier III Only) |

Department of Accounts Only Statewide Roles:

- | | | |
|---|---|--|
| <input type="checkbox"/> EDI Coordinator | <input type="checkbox"/> Payment Processor | <input type="checkbox"/> Vendor Maintenance Specialist |
| <input type="checkbox"/> Banking Configurator | <input type="checkbox"/> Paycycle Configurator | <input type="checkbox"/> Special Payment Processor |
| <input type="checkbox"/> DOA Special Paycycle Processor | <input type="checkbox"/> Statewide Pre Audit Approver | <input type="checkbox"/> Travel Expense Configurator |
| <input type="checkbox"/> Voucher Spreadsheet Approver | <input type="checkbox"/> Payment Cash Trans Override | <input type="checkbox"/> Voucher Spreadsheet Processor |
| | | <input type="checkbox"/> Oversight Viewer |

*If Voucher or Final Voucher Approver , enter Accounts Payable Business Unit number(s) user approves.	
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* DJJ, DBHDS, Treasury, DOA & CSA ONLY -If Voucher or Final Voucher Approver , also enter Dept ID number(s) user approves.	
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Accounts Receivable (check all roles requested)

<input type="checkbox"/> Funds Receipts Processor	<input type="checkbox"/> Funds Receipts Manager
<input type="checkbox"/> Funds Receipts Processor for Multiple GL BU (Restricted)	<input type="checkbox"/> Funds Receipts Manager Multi BU (Restricted)

General Ledger (check all roles requested)

<input type="checkbox"/> Journal Processor	<input type="checkbox"/> Journal Processor - Interfacing	<input type="checkbox"/> Journal Approver*
<input type="checkbox"/> Agency Chartfield Administrator	<input type="checkbox"/> Budget Processor	<input type="checkbox"/> Budget Approver
<input type="checkbox"/> GL nVision Executer (BOA&DOA Only)	<input type="checkbox"/> CAFR Processor (BOA&DOA Only)	

Department of Accounts Only Statewide Roles:

<input type="checkbox"/> Statewide Journal Approver	<input type="checkbox"/> Statewide ChartField Admin	<input type="checkbox"/> GL Tree Combo Maintenance
<input type="checkbox"/> Statewide GL Sys Administrator	<input type="checkbox"/> Statewide GL Sys Processor	<input type="checkbox"/> Statewide Budget Administrator
<input type="checkbox"/> Statewide Budget Processor	<input type="checkbox"/> Statewide Budget Approver	<input type="checkbox"/> GL Revenue Reporter (Tax & DOA)
<input type="checkbox"/> DOA Journal Bypass		

*If Journal Approver , enter General Ledger Business Unit Number(s) user approves.	
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* DJJ, DBHDS, Treasury, DOA, and CSA ONLY - If Journal Approver , also enter Department ID number(s) user approves.	
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Additional Roles

<input type="checkbox"/> Cardinal Viewer	<input type="checkbox"/> Cardinal Reporter	<input type="checkbox"/> PeopleSoft User
<input type="checkbox"/> BI Adhoc User (Restricted)	<input type="checkbox"/> APA Audit Special (Restricted)	<input type="checkbox"/> Audit Inquiry (Restricted)

Signatures / Approvals

By signing below, I acknowledge that I understand transactions added/updated in the Cardinal system should be in accordance with the Commonwealth Accounting Policy and Procedures Manual Cardinal Topics 20310 and Cardinal Topic 70220.	By signing below, I certify that the Cardinal access requested for this user is necessary to perform his/her current job responsibilities. I also acknowledge this request is in accordance with the Commonwealth Accounting Policies and Procedures Manual Cardinal Topics 20310 and 70220.
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
User Name	Date	Supervisor Name	Date

<input type="text"/>	<input type="text"/>
User Signature (sign above)	Supervisor Signature (sign above)

I have reviewed this request for access and certify it is in accordance with the Commonwealth Accounting Policies and Procedures Manual Cardinal Topic 20310, Cardinal Topic 70220, and the Cardinal Security Handbook.

<input type="text"/>	<input type="text"/>
Cardinal Security Officer Name	Date

<input type="text"/>
Cardinal Security Officer Signature (sign above)

Segregation of Duties Exception Approval - *Are Conflicting Roles Identified?*

Yes and Approval Signature Below.

Department of Accounts Segregation of Duties Approval:

DOA Director of General Accounting Name

Date

DOA Director of General Accounting Signature (sign above)

Department of Accounts Statewide Role(s) Approval:

DOA Approver Name

Date

DOA Approver Signature (sign above)

Comments/Notes