



M I D - H U D S O N
REGIONAL INFORMATION CENTER
USER ACCESS FORM

Please Email the Completed forms to: getmeinfinance@mhric.org

Date: _____ **Same Rights As User:** _____
Please attach permission forms when the Same-Rights-As is NOT specified.

District: _____ **Building:** _____

User Name: _____ **Re-activate:** **New User:** **Existing User:**

Position: _____ **Training By:** _____ **MHRIC:** **District:**

Phone: _____ **Email:** _____

PLEASE ALLOW FIVE (5) BUSINESS DAYS FOR REQUESTS TO BE PROCESSED.

Module Selections			Additional Permissions for Human Resources and Payroll	
	Permissions Attached	Request		
Accounting	<input type="checkbox"/>	<input type="checkbox"/>	Allow Take from Donation Attendance Entries	<input type="checkbox"/>
Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>	Allow Donation Attendance Entries	<input type="checkbox"/>
Budgeting	<input type="checkbox"/>	<input type="checkbox"/>	Allow Pay out Attendance Entries	<input type="checkbox"/>
Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	Allow Unit Taken Attendance Entries	<input type="checkbox"/>
Negotiations	<input type="checkbox"/>	<input type="checkbox"/>	Allow Earned Accrual Attendance Entries	<input type="checkbox"/>
Payroll	<input type="checkbox"/>	<input type="checkbox"/>	Allow Prior Balance Attendance Entries	<input type="checkbox"/>
Requisitioning	<input type="checkbox"/>	<input type="checkbox"/>	Allow leave Request Attendance Entries	<input type="checkbox"/>
Timepiece	<input type="checkbox"/>	<input type="checkbox"/>	Grant access to employees that are not assigned a Bldg	<input type="checkbox"/>
<i>Permission Forms Passkey = getmeinfrm</i>			Grant access to employees that are not assigned a Dept	<input type="checkbox"/>
			Grant access to View/Modify Employee SSN	<input type="checkbox"/>
			Grant access to View/Modify Dependent SSN	<input type="checkbox"/>
			Buildin _____ All	<input type="checkbox"/>
			Dept's _____ All	<input type="checkbox"/>

Additional Permissions Accounting / Requisitioning

Requisitioning: Allow Account Balances to Be Viewed <input type="checkbox"/>	View/ Modify Vendor Federal Id <input type="checkbox"/>
Remote PO Printing: Buildings: _____	Dept's _____
Accounting: Access to Standard Journal Entries <input type="checkbox"/>	Exceed PO Acct. Balance up to _____ <input type="checkbox"/>
Access to Budgetary Adjustments <input type="checkbox"/>	Exceed Balance on CD up to _____ <input type="checkbox"/>
Access to Opening Entries - Ledger <input type="checkbox"/>	Exceed PO Balance up to _____ <input type="checkbox"/>
Access to Opening Budget -Subsidiaries <input type="checkbox"/>	Enter Unbalanced Entries <input type="checkbox"/>
Requires Budget Transfer Approval <input type="checkbox"/>	Approve Budget Transfer <input type="checkbox"/>
Requires Journal Entry Approval <input type="checkbox"/>	Approve Journal Entries <input type="checkbox"/>
Requires Cash Receipt Approval <input type="checkbox"/>	Approve Cash Receipts <input type="checkbox"/>
Requires Cash Disbursement Approval <input type="checkbox"/>	Approve Cash Disbursement <input type="checkbox"/>

Authorized Signature: _____

Print Name and Title: _____