

**The University of Oklahoma
Request for Requisition Authorization**

Supply the information requested below including name and signature of user's supervisor or department's authorizing agent and use submit button to email form to Financial Services to **fsweb@ouhsc.edu**. The **Contact Person** will be notified when the user's access privileges have been granted.

User Creation User Transfer User Revision (explain) _____ Effective Date: _____

User's Name (Last, First MI): _____ Department: _____

User's EmplID: _____ User's Status: OU Employee OU Affiliate (Users not paid by OU)

Contact Person: _____ Phone: _____

As this user's supervisor or the department's authorizing agent, I hereby approve this request for user access privileges.

Print Name _____ Signature _____ Date _____

Please put the employee id that the user listed above will need to have access to. This will grant them the authorization to access the other user's requisitions and to be able to receipt against them.

Employee ID	Employee Name
_____	_____
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For Financial Services Use Only

Security Access Approver: _____ Date: _____ User ID: _____

For IT Security Use Only

Security Access Granter: _____ Date: _____ User ID: _____