**UCLA Semel Institute for Neuroscience & Human Behavior**

## Systems Access Request Form

Requested for: _____     Title:_____

Email address: _____     UID:_____
        (If none complete Directory Personnel Update form and submit to HR)

Supervisor Name _____     Supv. Email Address: _____

Access requested (select all that apply):

☐ OASIS ID     circle one:  Create new          Delete          Transfer          Suspend          Reactivate

☐ Bruinbuy (attach certificate of completion)                          Required Training

☐ UCPath (attach certificate of completion) *for Central Administration only*     Required Training

☐ IT Phone     circle all that apply:      Inquiry          Reviewer          Requester

☐ Recharge     Required Training

☐ Travel        Required Training

☐ Other (please specify): _____

List FAUs that employee will need to access.  Acct/cc/fund required for Semel Finance office managed FAUs.

I, _____, certify that I have taken all required university courses for the systems access requested above.  I acknowledge that I have delegated authority for purchasing orders for my center/division and will comply with university policies.  I understand that failure to comply may result in temporary suspension or permanent revocation of access.

System User Signature:_____     Date: _____

Approved by:

Supervisor Signature: _____     Date: _____

Supervisor Name (printed): _____

Fund Manager Signature(s): _____
                (if multiple, include fund #(s) next to signature)

Submit requests to DSA Jschaefer@mednet.ucla.edu/backup DSA asexton@mednet.ucla.edu.