The School Board of Broward County ERP SAP User Access Form

A completed form is required when requesting any change in authorization in the SAP System. If the form is not completed, your request will not be processed.

Date Requested:	Date Required: (3 busines	s days from initial request)	Date Received at ERP Support:
Action Dominated:	\4b		
Action Requested: Add Authorization Delete Authorization			
Change Authorization			
EMPLOYEE INFORMATION			
Location No.: (8 digits)	Location Name:		Phone No.:
, ,			
Last Name:	First Name:		Personnel No.:
Position No.: (8 digits)	Position Title:		Expiration Date: (Contract or temporary employees)
SAP Role (Grants Manager, AP Processing, Payroll Contact, Requisitioner) or Description of Request:			
Missing Authorization Report Attached: (SU53) Yes No			
Authorization Information *			
Business Area: Cost Center:			
Is this Role assignment responsible for Grants Activity? Yes No			
is this Role assignment responsible for Grants Activity:			
Approval Signatures			
Print Name	Signature		Date
Employee			
Director/Principal			
*Business Area, Cost Center information may be found in Chart of Accounts documents on Financial Reporting Website @			
http://www.broward.k12.fl.us/comptroller/cfo/fin-reporting/FBChartof%20Accounts.html			
Email completed form to ERPSecurity@browardschools.com			
SECURITY USE ONLY			
Security Initials:		Date Completed:	
Action Taken:			
Process Analyst, Date & Initials:		Training Analyst, Date & Initials:	
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