Banner Request for Access

Please read the following information carefully for the timeliest processing.
Incomplete forms will be returned.

REQUIRED:

- A CCD email account ***must*** be set up and displayed in the Outlook email directory before a Banner account request may be processed.
- Section A is required for ***all*** requests.
- In addition, complete the relevant section(s) for your request for Banner roles.
- Make sure to gather ***all*** signatures in the section(s) that you request roles in, before submitting to the valid contact – they are ***required***. Read each section carefully to see if your request requires further authorization.

PROCEDURE:

- If requesting access from a single area (e.g. Fiscal), send directly to that department.
    - STUDENT: Ryan Bolen
    - HR/FLAC: Shana Stovall
    - FISCAL/PURCHASING/AR: Emilija Cusack
    - FA: Colleen Seltz
- If requesting access from multiple areas, send to Registrar's office (Ryan Bolen) first; the form will be routed to additional offices as needed.
- This form may be submitted via email, fax or mail. When printing, please omit this instructional page.
- Once submitted and approval is obtained, this form will not be returned to the employee - it will be directly submitted for processing.

For assistance or account requests for the following modules, please contact:

- Student and General Modules, Office of Registration & Records: Ryan Bolen at x3293 or Ryan.Bolen@ccd.edu
- Financial Module, Budget: Emilija Cusack at x3050 or Emilija.Cusack@ccd.edu
- Financial Aid: Colleen Seltz at x6652 or Colleen.Seltz@ccd.edu
- Human Resources: Shana Stovall at x3220 or Shana.Stovall@ccd.edu

For assistance with account status and termination requests:

- Email Information Technology Services at HelpDesk@ccd.edu

Mailing Address: Campus Box 201 | P.O. Box 173363 | Denver, CO 80217

Banner Request for Access

S#: _____

Need password help?

- To request a password reset, please contact the Banner Help desk at 303-620-HELP (4357), or you may send an email to CCCS-IT Help Desk at CCCS-ITHelpDesk@cccs.edu for assistance in unlocking your account.

Section A (Required for All)

◯ New User   ◯ Existing User – Banner User ID: _____

Name: _____

S#: _____   Department: _____

Position/Title: _____   Ext: _____

CCD E-Mail: _____
Note: A CCD e-mail account must be setup and displayed in the Outlook e-mail directory before a Banner account request may be processed.

Employee is:

◯ Permanent Staff Member   ◯ Student Staff Member (hourly or work-study)**

◯ Temporary, Limited or Non-Student Hourly Staff Member**

**Student/Temporary Employee: If last date of employment is known, please indicate here:

_____. *If no date is indicated, user access will be deleted one year from request date.*

I (person needing access), _____ ,
understand that the data contained in the Banner Database is confidential. I also understand that the access I am requesting is for my use in performing my duties and responsibilities. Therefore, ***I agree that my User ID and password will NOT be shared with other persons***, and that I am responsible for any accesses logged against my User ID. I also understand that failure to keep my password private and secure may result in termination of my ability to access the Banner Database.

Employee Name: _____

Employee Signature: _____   Date: _____

Banner Request for Access

S#: _____

Notice for Terminating Access: By signing below, you are aware that you are responsible for terminating access for the employee if s/he is no longer working at CCD or within your department. Notify Information Technology Services at HelpDesk@ccd.edu of termination no later than the employee's last day in the position for which access was originally requested.

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

Section B: Financial Aid

☐ Financial Aid Director	☐ Loan Counselors
☐ Financial Aid Assistant Director	☐ Student Employee Counselor
☐ Financial Aid Assistant Clerical	☐ Non-Financial Aid Admin
☐ Financial Aid Student Staff	☐ Fiscal Officers
☐ Financial Aid Counselor	☐ Auditors
☐ Financial Aid/Acad. Advisor	☐ BAN_CCCS_FA_WKSTDY_CLASS

☐ BDM: Scan Only   ☐ BDM: Print/View   ☐ BDM: Power User
☐ BDM: Viewer   ☐ BDM: Processor

Financial Aid Director Name: _____

Financial Aid Director Signature: _____ Date: _____

Section C: Student

☐ Accessibility Services	☐ Department Chair
☐ Admissions/Records Staff	☐ Financial Aid
☐ Advising Director	☐ Fiscal
☐ Advisor/Advising Admin	☐ FLAC
☐ Call Center/Information Desk	☐ Information Technology Services
☐ Concurrent Enrollment	☐ Institutional Research
☐ Course Scheduler/Office Manager	☐ Lead Instructor
☐ Instruction Dean	☐ Navigate
☐ Dean's Assistant	☐ Other: _____
☐ Degree Works	☐ President's Office

Banner Request for Access

S#: _____

- ☐ Portal Helpdesk Admin
- ☐ Program Director
- ☐ Recruitment
- ☐ Registrar
- ☐ Student Life

- ☐ Student Staff (ORR)
- ☐ Student Staff (Not ORR)
- ☐ Student Staff (Testing Center)
- ☐ Testing Center
- Welcome Center

- ☐ BDM: Scan Only
- ☐ BDM: Viewer

- ☐ BDM: Print/View
- ☐ BDM: Processor

- ☐ BDM: Power User
- ☐ BDM: Pre Z Transcripts

Registrar Name: _____

Registrar Signature: _____   Date: _____

Section D: Faculty Load & Compensation (FLAC)

- ☐ FLAC Main User
- ☐ FLAC Reviewer/Approver
- ☐ FLAC Query Only

- ☐ FLAC Rate & Contract Main
- ☐ FLAC PEPFLAC Proc
- ☐ FLAC HR Approver

HR Director Name: _____

HR Director Signature: _____   Date: _____

Section E: HR & Payroll

- ☐ Benefits
- ☐ Compensation
- ☐ Employment
- ☐ General Forms

- ☐ HR Manager
- ☐ HR Payroll Overall
- ☐ HR Technician
- ☐ HR Cert & Degrees

- ☐ Payroll Data Entry
- ☐ Payroll Manager
- ☐ Position Control w/Fin

- ☐ BDM: Scan Only
- ☐ BDM: Viewer
- ☐ HR Confidential (*must be approved by HR Director*)

- ☐ BDM: Print/View
- ☐ BDM: Processor

- ☐ BDM: Power User

HR Director Name: _____

HR Director Signature: _____   Date: _____

Banner Request for Access

S#: _____

Payroll Specialist Name: _____

Payroll Specialist Signature: _____   Date: _____
(Required only if requesting Payroll Roles)

Section F: Finance/Purchasing

If requesting finance or purchasing roles below, list funds and orgs to which the requester will need access (if all, indicate ALL). If additional lines are needed, attach a spreadsheet.

- Fiscal Services will obtain the Purchasing and Controller Signature

Purchasing

☐ P-Card Acct Mgr	☐ P-Card Holder	☐ Purchasing Tech
☐ P-Card Admin	☐ P-Card Tech	☐ Receiving
☐ P-Card Business Mgr	☐ Purchasing Supervisor	

Finance/Accounts Receivable

☐ AR Supervisor	☐ Third Part Coordinator	☐ Controller Query
☐ Billing Coordinator	☐ College Controller	☐ Data Entry
☐ Cashier	☐ Assistant Controller	☐ Grant Entry
☐ Collections Coordinator	☐ Accountant	☐ Labor Redistribution
☐ Inquiry User	☐ AP Supervisor	☐ Fixed Assets Supervisor
☐ Lead Cashier	☐ Accounts Payable Tech	☐ Fixed Assets Tech
☐ Refund Coordinator	☐ Budget Director	

☐ Org Owner (*Gives Access to Budget Banner Screens*)

Funds	Orgs

Dean/Supervisor Name: _____

Dean/Supervisor Signature: _____   Date: _____

Banner Request for Access

S#: _____

Signature Authority Name: _____

Signature Authority Signature: _____   Date: _____
(≤ $10,000 or ≤ $50,000 approval for the use of the Orgs and Funds listed)

Controller Name: _____

Controller Signature: _____   Date: _____
(REQUIRED only if requesting Finance/Accounts Receivable Roles)

Purchasing Specialist Name: _____

Purchasing Specialist Signature: _____   Date: _____
(REQUIRED only if requesting Purchasing Roles)

Section G: Workflow and Portal

Note: Some access listed here may require HR or FLAC Approval – if indicated, please obtain proper authorization

Work Flow

☐ Leave Approver **(goaeacc, Worklist portal role)
☐ FLAC Assigner***(goaeacc, Workload & Worklist portal role)
☐ FLAC Approver***(goaeacc, Workload & Worklist portal role)
☐ FLAC Org Owner***(goaeacc, Workload & Worklist portal role)

Portal Roles

☐ Portal Help Desk Admin Access
☐ Employee E-mail SSO Fac/Staff e-mail icon
☐ Time Approval Supervisor** Timesheet approval
☐ Time Report** Timesheet entry
☐ Worklist** Leave approval & FLAC Roles

HR Director Name: _____

HR Director Signature: _____   Date: _____