**University of South Florida FAST Access Security Request (ID/Password)**

**Use this form if logon access to FAST or an addition or deletion to existing FAST Access is required.**

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| **Full Name (First- Middle Initial - Last)**  | **USF GEMS Employee ID (*Required)***  | **FAST User ID** |
| **Dept Name****FAST Dept ChartField** | **Campus Building/Room #** | **Telephone (include Area Code)** |
| **USF E-Mail *Required*** |
| **Form prepared by** | **Preparer Phone** |

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| **ADD OR DELETE ALL APPROPRIATE ROLES (A or D in First Column)****DO NOT INCLUDE EXISTING ROLES UNLESS DELETING THEM** |
| **A (add/ D (delete)** | **Role Title** | **Role Definition** | **Notes** |
|  | **Inquirer** | User can view transactions, run queries, & print reports. | No training required. Recommend for financial and budget staff |
|  | **Receiver** | Receives goods and services in FAST and Bull Marketplace to allow payments to be made. | Standalone role. |
|  | **Requestor** | Enters purchase requisition information into Bull Marketplace.  | Includes Receiver permissions. May not have Approver role. Must attend Procurement 101 Training (FSTPCM) |
|  | **Approver** | Approves requisitions and payment request forms in the Bull Marketplace. | Includes Requestor permissions except receiving. May not have Receiver role. Added through FAST Purchasing Workflow Request |
|  | **P-Card View Own Charges** | Cardholder view. |  |
|  | **P-Card Verifier** | Standard distribution; requires additional level of approval from an Approver or Manager with Reconciler role. Must complete **Section B.** | Must attend P-Card training. |
|  | **P-Card Reconciler** | User reconciles P-Card transactions. Must complete **Section A** for all employees for whom you will be reconciling. | Must attend P-Card training. |
|  | **P-Card Dept**. | Full distribution with ability to change Operating Units and/or Depts. Must get approval from the Accountable Officer of each Operating Unit/Department combination. Must complete **Section B (1).** | Must attend P-Card training.Must also have either P-Card Verifier or P-Card Reconciler Role. |
|  | **Billing and AR** | Required for users who create customer billings. | Must attend Billing and AR training. |
|  | **Billing View Only** | Allows the user to only view billing activity; cannot create or update billings |  |
|  | **Effort\_Inquire** | Allows users to look up PERT Effort Reports related to grant funding |  |
|  | **Effort\_Representative** | Allows users to process PERT Effort Reports related to grant funded research for the users department. |  |

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| ***Purpose of Access: Describe how you need to use the FAST or Bull Marketplace system or identify specific roles requested.***  |
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**A. REQUIRED ONLY FOR P-CARD VERIFIER, RECONCILER, OR DEPT. ROLES:** **Provide Name of Cardholder(s) and their respective Employee I.D. whose purchases will be reconciled.** Add additional rows as necessary.

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| **Cardholder Name** | **Employee I.D.** |
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**B. AUTHORIZATIONS:**

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| **(1) APPROVAL FOR P-CARD RECONCILER TO CHARGE MULTIPLE DEPARTMENTS (Optional):**  **The Accountable Officer must sign for each department other than the default to authorize approver. (Add lines if needed.)** OP Unit/Dept: Accountable Officer: Signature: Date: Phone: |
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|  **(2) Accountable Officer PRINT NAME** **(Required):**  | **Signature:**  | **Date:** | **Phone:** |
| **(3) Dean/Director Print Name (Optional based upon individual College’s business process:**  | **Signature:**  | **Date:** | **Phone:** |

After completing form, including all appropriate Accountable Officer signature, please send to:

BUSFIN FAST Security in Outlook.

Revised 12/15/2023

C. FAST Access Security and Workflow Request for TRAVEL

1. General Information:

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| User Name: |            | FAST ID if already existing: |            |
| Department Name and Number: |            | User Email/phone: |       |
| User Employee Number: |            | Date Requested: |            |

1. Role Selection:

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| **ADD OR DELETE APPROPRIATE TRAVEL ROLES (A or D in First Column)****(Please do not mark already existing roles unless deleting)** |
| **A / D** | **Role Title** | **Role Definition** |
|  | **Travel Approver*** **Reviewer**
* **Expense Mgr**
* **RO Approver**

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 | Approves Travel Requests and Expense Reports in any of the following capacities: Reviewer; Expense Manager (department fiscal approver); RO Approver (overhead account fiscal Approver).  **Must complete Section 4 below** |
|  | **Travel Coordinator – Indicate level being requested** * **View Only**
* **Delegate Capability**
 | There are two levels of travel coordinator access: View Only and Delegate Capability:• **View only** is the basic travel coordinator that provide view-only capabilities and will not enable submission, modification or approval of transaction.• **Delegate capability** enhances travel coordinator role, allowing User to create, submit, modify, delete, and cancel functions for Travel Request, Expense Report, and Cash Advance. **Note: Attendance at FSTTR2 – Travel Rules and Requirements training offered via GEMS Self-service, is required prior to receiving access to submit travel transactions.** **Must complete Section 3 below** |

\**Individuals who are listed as the supervisor for the employee in GEMS or as a PI in the Grants Module in FAST, do not need any further set up to be able to approve transactions in Archivum.*

1. Must be completed for Travel Coordinator Access – Additional sheets may be attached

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|  GEMS Departments being requested- Format: X-XXXX-XXX | Type of Access – View Only or Delegate Capability as defined above in Section 2 |
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If one of your travelers is not listed in your GEMS department, please submit a Delegate Assignment Request form located on the travel website: <https://www.usf.edu/business-finance/controller/payment-services/index.aspx>

1. Workflow for Travel Approvers who will be approving as Reviewer, Expense Manager, or RO Approver. Please enter chartfield information as necessary:

(Workflow assignments marked below will *replace* any already existing workflow. Please complete *all* that apply.)

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|  | Operating Unit | Department Number(s) | Initiative Number(s) |
| Reviewer |       |       |  |
| Expense Manager |       |       |  |
| RO Approver |  |  |       |

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| Accountable Officer**(Required)** | Print Name:           |  Signature: |  Date: |  Phone:       |

After completing form, including the required Accountable Officer signature, send to: FAST Security, SVC1039 or BUSFIN FAST Security in Outlook.

Revised 12/15/2023