



# SKYWARD® System Access Request Form

## Human Resources/Finance/Fixed Assets

(This form must be completed by the Principal/Department Head and then submitted to the ITS Department)

<b>COST CENTER</b>	
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Indicate 'X' for Action Requested →	<b>ADD</b>		<b>CHANGE</b>		<b>REMOVE</b>	
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<b>Employee Name</b>		<b>Position</b>	
<b>Email Address</b>		<b>Phone</b>	

**Complete this box for a Non-School Board Employee**

<b>Name</b>		<b>Position</b>	
<b>Email Address</b>		<b>Phone</b>	

(Please specify type of access requested for each component of Skyward)

**I** = Inquiry Only

**U** = Update Authority

**N** = No Access

<b>Access Type</b>	<b>Component</b>
	<b>FINANCE</b>
	<i>Account Management</i>
	<i>Accounts Payable</i>
	<i>Accounts Receivable</i>
	<i>Bid Management</i>
	<i>General Inputs</i>
	<b>HUMAN RESOURCES</b>
	<i>Employee Administration</i>
	<i>Employee</i>
	<i>Payroll</i>
	<i>Federal/State Reporting</i>
	<i>Substitute Tracking</i>
	<i>Time Off</i>
	<b>FIXED ASSETS</b>
	<i>Inventory</i>
	<i>Project/Grant Management</i>
	<i>Purchasing</i>
	<i>Federal/State Reporting</i>
	<i>Vendors</i>

<b>Date action is to become effective →</b>	
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***In the box below, please specify the primary responsibilities for this person.***

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***Supervisor's eSignature of Approval***

***Date***

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***ITS eSignature of Approval***

***Date***