

Kuali Financial System Documentation



Application Forms – TEM Arranger Application

Filling out the TEM Arranger Application Form

1/24/2023

**BUSINESS AND FINANCIAL SERVICES
TEM Arranger Application**



1. TEM APPLICATION FOR: NEW ACCESS ADDITIONAL ACCESS DELETE ACCESS

2.

USER NAME (Last, First, Middle)		CSU ID #:	EID	TODAY'S DATE
DEPT. NO.	DEPT. NAME		E-MAIL ADDRESS	
CAMPUS MAIL ADDRESS			PHONE NUMBER	

3.

TEM Arranger Access Requested for:

Examples: Dept Nbr/Unit: 18xx Dept Nbr/Unit: 1802

Dept Nbr/Unit: _____	Dept Nbr/Unit: _____	Dept Nbr/Unit: _____
Dept Nbr/Unit: _____	Dept Nbr/Unit: _____	Dept Nbr/Unit: _____
Dept Nbr/Unit: _____	Dept Nbr/Unit: _____	Dept Nbr/Unit: _____
Dept Nbr/Unit: _____	Dept Nbr/Unit: _____	Dept Nbr/Unit: _____
Dept Nbr/Unit: _____	Dept Nbr/Unit: _____	Dept Nbr/Unit: _____
Dept Nbr/Unit: _____	Dept Nbr/Unit: _____	Dept Nbr/Unit: _____

4.

I understand that the data contained in KFS is confidential. The access I am requesting is for my use in performing my job duties & responsibilities. I agree that my username & password will not be shared and I am responsible for any accesses logged against my username. In using my username & password, I will follow the policies & procedures of the University.
I will not use another person's username and password. If I terminate employment with the University or my department, I will notify Business and Financial Services. Upon completion of the form, send to : **Financial System Services, 6003 Campus Delivery.**

5.

_____ Applicant's Signature	_____ Date		
_____ Print or Type Name of Director or Dept. Head	_____ Director or Dept. Head	_____ Date	
_____ Print or Type Name of Dean or VP Authority	_____ Dean or VP Authority Signature	_____ Date	

FOR BFS USE ONLY

_____ Business & Financial Services	_____ Date
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Sections:

1. Select if this is New Access, Additional Access, or Delete Access.
 - a. NOTE: If this form is to Delete access for a user, only section 1 and 2 are required, no signatures are needed.
2. Fill out all boxes completely for the user.
3. List out all Department or Unit number(s) where TEM Arranger Access is required
4. The user must Read and Agree to the conditions outlined in this section.
5. The user must sign and date this application. Once this is done, the user's Director or Department head MUST sign this form followed by the Dean or VP signature that is also required.
 - a. If any of these signatures are missing, the application will be rejected and sent back.

This form can be downloaded from [here](#)