**eProcurement Access Change Request Form**

This form is used to amend access for existing users within eProcurement system. Please complete the details below, including the appropriate authorisation. Once all information is complete, form can be submitted to [finance.systems@ucd.ie](mailto:finance.systems@ucd.ie) .Note the following needs based on the type of user being created:

|  |  |  |
| --- | --- | --- |
| **Section 1: eProcurement User Details** | | |
| UCD Connect Username |  | |
| UCD email address |  | |
| Authoriser \*[click here to see authoriser matrix](https://www.ucd.ie/finance/financeoffice/financesystems/useraccountmanagement-systemaccess/) |  | |
| Authoriser’s email address(s) |  | |
| Is this change permanent or temporary\*\* | Permanent | Temporary |
| Date Temporary access should end (if permanent change then ignore) |  | |

|  |  |
| --- | --- |
| **Section 2: Changes to existing role** | |
| **Requisitions:** |  |
| State authority level(s) € |  |
| State Cost Centre(s) |  |
| State Job Codes (e.g. ‘D’, ‘R’, V’ code(s)) |  |
| **Approval**: |  |
| State authority level(s) € |  |
| State Cost Centre(s) |  |
| State Job Codes (e.g. ‘D, ‘R’, V’ code(s)) |  |

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authoriser(s)\*\*\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Applicants cannot authorise their own permissions, where the budget holder is the applicant authorisation from the personnel on the next level on the spend authorisation’s table is required.*

*\*\*Temporary access can be granted for a maximum of 30 days*

*\*\*\*Receipt of the completed form from the appropriate authoriser(s) via email is accepted in lieu of a signature.*