Hyperion Planning Access Request Form

This request is for: ☐ New Access ☐ Change Access ☐ Delete Access

PART I: IDENTIFICATION INFORMATION

Full Name

Department/College

Phone Number   Email Address

University ID   User ID

PART II: REQUESTED ACCESS

Cost Center Number	Salary Budget		Operating Budget	
	Personnel Expenses	**Merit Increase**	**Revenues**	**Operating Expenses**
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

PART III: REQUIRED SIGNATURES

I understand that this gives me access to administrative computing resources for my exclusive use and support of my work as an employee of Drexel University. I understand that this access is controlled by my password and that I am responsible for anything done on administrative computing resources with my user ID. I take responsibility for maintaining the confidentiality of University information.

Requestor _____   Date _____

Dean/Director _____   Date _____

SVP/VP _____   Date _____

Please send completed forms to:
Office of Financial Planning and Analysis
3141 Chestnut St, Suite 228
Philadelphia, PA 19104

For Internal Use Only

☐ Access Added   By User _____   Date Added _____