



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)

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

Complete this box for a Non-School Board Employee

Name		Position	
Email Address		Phone	

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

I = Inquiry Only

U = Update Authority

N = No Access

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

Date action is to become effective →	
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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