

*\*Usage Notes: One User Access Form is required per user for create/change/termination of access.*

**1 User Information**

Effective Date  Submit Date

Organization Name  Facility Number

First Name  Last Name   3rd Party Contractor

Department  Title

E-mail  Phone Number  Ext.

Point of Contact (POC)

Users with this checked off will be considered the primary contact(s) for the organization (communication purposes)

**2 User Access Details**

Action Requested

Create New Account       Change Existing Account       Terminate User Access

User Security Profile

- Select security roles to add or remove (rem.) from the list. Select all roles which apply.
- This section is not required when "Terminate User Access" is selected from the "Action Requested" section.

Dynamics GP Security Roles

Add	Rem.		Add	Rem.	
<input type="checkbox"/>	<input type="checkbox"/>	Accounting Manager	<input type="checkbox"/>	<input type="checkbox"/>	Inquiry Only (all areas)
<input type="checkbox"/>	<input type="checkbox"/>	Analytical Accounting (AA) Clerk	<input type="checkbox"/>	<input type="checkbox"/>	Inventory Manager
<input type="checkbox"/>	<input type="checkbox"/>	Analytical Accounting (AA) Manager	<input type="checkbox"/>	<input type="checkbox"/>	Revenue/Expense Deferral (RED) Clerk
<input type="checkbox"/>	<input type="checkbox"/>	AP Clerk	<input type="checkbox"/>	<input type="checkbox"/>	Revenue/Expense Deferral (RED) Manager
<input type="checkbox"/>	<input type="checkbox"/>	AR Clerk	<input type="checkbox"/>	<input type="checkbox"/>	SOP
<input type="checkbox"/>	<input type="checkbox"/>	Book Keeper	<input type="checkbox"/>	<input type="checkbox"/>	SOP Admin
<input type="checkbox"/>	<input type="checkbox"/>	E-Reconcile	<input type="checkbox"/>	<input type="checkbox"/>	SOP No Post
<input type="checkbox"/>	<input type="checkbox"/>	E-Reconcile Admin			
<input type="checkbox"/>	<input type="checkbox"/>	Encumbrance Management			
<input type="checkbox"/>	<input type="checkbox"/>	Fixed Assets Manager			
<input type="checkbox"/>	<input type="checkbox"/>	Fixed Assets Stakeholder			
<input type="checkbox"/>	<input type="checkbox"/>	Grant Management			

Additional Access

Add	Rem.	
<input type="checkbox"/>	<input type="checkbox"/>	FRx Report Designer
<input type="checkbox"/>	<input type="checkbox"/>	Pre-Production (Test Env) Access

**3 Approvals**

Organization Approver First Name  Last Name   
Title  E-mail   
Phone Number  Ext.

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Approver Signature

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Approval Date

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Return this form to: [servicedesk@ccim.on.ca](mailto:servicedesk@ccim.on.ca)

**CCIM Initials & Date**  
*Internal Use Only*