

**\*\*In order to process in a timely manner, please ensure all appropriate fields are filled out with correct information. \*\***

Albuquerque Public Schools-Infor/Lawson System: Financial/HR Pay System

(Employee Request for Access/Change of status, employee number required)

Submit to Finance-**Business Systems** by Interoffice Mail (suite 504 East) or Fax this form to **\*880-2577\***

Name: \_\_\_\_\_ Employee: # \_\_\_\_\_ Location: # \_\_\_\_\_

Department/School Name: \_\_\_\_\_ APS Email address \_\_\_\_\_@aps.edu

Dept Financial Number: \_\_\_\_\_ Title: \_\_\_\_\_ Phone # \_\_\_\_\_

(Check with Budget Office)

**New user**    **Existing user (change of status).**    **Payroll Absences Reporting Screen ONLY**

Are you replacing someone? Who: \_\_\_\_\_

**ON SITE SCHOOL EMPLOYEES**

Please mark which funds you need access to, **Select Requester (Enter Orders) OR Approver (approve orders entered).**  
Access to both is not allowed!

Operational Fund <b>ALL</b>	(1100-1300 / 2100-2200)	Requester	Approver
Textbooks	(1400)	Requester	Approver
State / Local Grants	(2599 or 2999)	Requester	Approver
Federal Grants	(2400 series)	Requester	Approver
Capital funds	(3000 series / 3110-3210)	Requester	Approver

**DISTRICT DEPARTMENT PERSONNEL ONLY**

Mark appropriate box(s) for the area(s) and position

Financial Areas		Position		Human Resources Areas	
General Ledger		Technician		Compensation	
Grants Mgt.		Specialist		Records	
Assets Mgt.		Analyst		Staffing	
Accounting		Supervisor		Applicant Processing	
Procurement		Manager		Payroll	
Accounts Payable		Principal		Benefits	
Budget		Director		Support	
Capital Fiscal Services		Executive Director		Sick Leave	
Inquiry Access ONLY		Superintendent/ Executive levels		Inquiry Access ONLY	

I have read, and agree to, the Albuquerque Public Schools Acceptable Use Policy  
<http://www.aps.edu/about-us/policies-and-procedural-directives/procedural-directives/policies/g-personnel/gb6-acceptable-employee-use-of-technology>

**I, Principal, Director, Manager or Supervisor,** acknowledge this request for access to the above Infor/Lawson systems. I have discussed with the applicant that they will be responsible for any mis-use of the system.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Supervisor Signature*

**Business Systems USE ONLY!**

Approved by:		Date:	
Security Class:		Date:	
Lawson All Users List	YES <input type="checkbox"/> NO <input type="checkbox"/>	Lawson Requester List	YES <input type="checkbox"/> NO <input type="checkbox"/>
Access to ADD INS:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Lawson Approver List	YES <input type="checkbox"/> NO <input type="checkbox"/>
Payroll- XX35	YES <input type="checkbox"/> NO <input type="checkbox"/>	Access to Approval INBASKET:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cherwell Ticket:	Infor Incident: _____	LSA:	Date: _____
Active Directory:	Date: _____	OS account:	Date: _____
RQ set-up by:	Date: _____	Email to:	ESS: _____ Date: _____