

Lucas County Oracle Cloud Financial Access Request Form

Applicant Responsibilities (Your signature below indicates acceptance of these responsibilities)

1. Access is restricted to Lucas County employees performing official duties of their position.
2. Comply with the Lucas County Internet use policy <http://www.co.lucas.oh.us/DocumentCenter/View/66778/Internet-and-Email-Policy-22a>.
3. Safeguard your user ID and password, do not share with anyone. Sharing of this information will result in revocation of your access.
4. All public records requests must follow Lucas County public records request policy.

Instructions

1. Complete sections 1 and 2 and sign where indicated in section 3.
2. Obtain Manager/Director approval. A user account will not be created or modified without the Manager/Director signature.
3. Email the completed form to lcishelpdesk@co.lucas.oh.us.
4. Please allow up to one week for the changes to take effect. Expedited requests will be handled on a case-by-case basis.

Section 1: User Information

New User	Delete User	Modify User
First Name:	MI:	Last Name:
Department Name:		Address:
Department Code: (ex: 125005)	Phone:	Email:
Notes:		

Section 2: Oracle Roles *Check all that apply* OR *model your roles after this user name* _____

General User Roles				
Accounts Payable (Invoicing)	AP Specialist	Read Only		
Accounts Receivable (Receive Payments)	AR Specialist	Read Only		
Assets	Accountant	Accounting Manager		Read Only
Procurement (Requisitions)	Agency Requester	Advanced Requester		
Ability to Approve Requisitions	Include the department number that you will approve requisitions for: (ex. 125005) _____			
Budget Analyst *	Read Only			
Financial Analyst	Read Only			
Agency Limited Roles - Requires Support Services Approval				
	Supplier Sales Rep	Supplier Self Service Admin		Supplier Customer Service Rep
	Supplier Bidder			
Support Services, Auditor, OMB, Treasurer, LCIS Roles				
Support Services	Buyer	Supplier Bidder		Category Manager
	Expense Audit Manager	Supplier Customer Service Rep		Contract /Catalog Admin
	Expense Auditor	Supplier Sales Rep		Procurement Manager
	Expense Manager	Supplier Self Service Admin		Integration Specialist
	Accts Receivable Specialist	Corporate Card Admin		Sourcing Project Collaborator
		Enterprise Contract Manager		Procurement Application Admin
OMB *	Acct Receivable Manager	Budget Manager		
Auditor	General Accountant	Gen Accounting Manager		Financial Application Admin
	Accounts Payable Supervisor	Asset Accounting Manager		Financial Integration Specialist
	Accounts Payable Manager	Expense Audit Manager		Expense Auditor
	Supplier Manager			
Treasurer	Cash Manager	Financial Application Admin		
LCIS	Purchase Analyst	Financial Integration Specialist		Financial Application Admin
	IT Security Manager	Application Administrator		

Section 3: Acknowledgement & Signature

Employee Signature & Date:	Date:
As the manager/director of this employee, I authorize the access indicated above and I understand that any changes to this access will require additional written approval. Access requested is based on their official duties of their position.	
Manager/Director/ Name Printed:	Phone:
Manager/Director Signature & Date:	Date:
* OMB Director Signature Required for Budget Analyst and OMB Roles:	Date: