

REGION V USER AUTHORIZATION FORM

Rev. ts 11.29.18

Return to either sfsupport@regionv.k12.mn.us or shrsupport@regionv.k12.mn.us or fax to 507.388.5978

District Number _____ District Name _____

Full Legal Name of New User _____

Employee ID Number or Third Party Agency _____ User's Title or role _____

Check One: SMART HR SMART Finance Both (HR Default) Both (Finance Default)

Additional Info for SMART HR User: Check all functions the user should have access to:

(If limited access is required, please contact us directly for advisement)

- Payroll Personnel Human Resources TimeOff COBRA STAR
- Budget Injuries & Workers Comp ACA Emp Assign Acct code xfer
- Medical View Only Payroll View Only Time Off View Only Personnel

Additional Info for SMART Finance User: Location _____

Check User Class(es) the user should have access to: PO/Requisition Approver Budget Work papers

- AP Clerk AR Clerk Asst Bus Mgr Auditor FIN Auditor-FJE Bus Mgr PO Clerk
- Rec Clerk Spec Ed Dir Superint View-AP View-AR View-PO F-Menus

Signature Access – Will the new user be responsible for:

- Printing Checks? Printing Purchase Orders?

Additional Info for eR – Check all functions the user should have access to:

- PO PO ADMIN W2 Admin Supervisors Report of Accident

Add User to Region V Contacts? Yes No **Bulletins** (check any needed) HR Finance Reporting
Cell phone number _____

If yes, phone number _____ email address _____

A cell phone number and email are required for DUO. If you choose not to give your Cell number you will have to pay 40.00 for a token

*** Is this user replacing one that should be deleted? If so, please enter info below:

Emp No. _____ Employee Name _____ Effective Date _____

Any other access needed or additional comments: _____

Authorizing Signature _____ email _____

Printed Name _____ Phone number _____

REGION V USE ONLY

RDS Login regionv\ _____ RDS Password _____ init _____ Date _____

SMART Login _____ SMART password _____ init _____ Date _____

Added to Contacts initials _____ Date _____ Deleted from Contacts initials _____ Date _____