

RACF User Id Request Form (ESC-Region 20 iTCCS HR/Business Systems) Campus Access

Instructions: Use this form to request a new RACF User Id or to request a change to an existing Id for the iTCCS system. Once the form is completed and signed please submit this form via fax to 210-228-3178. Please allow 3-5 days for processing. If you have any questions please call the Finance/Technology office at 210-244-2900.

STEP 1: Fill out information for person requesting account access.						
DATE:			Perman	ent Access		
mm/dd/yyyy			Tempor	ary Access	From:T	Co:
NAME:						
First	Middle Last					
Title:				Employee	e ID #	
Department/School:						
Nun	nber P	vame				
Telephone # : Fax #:						
STEP 2: Check One						
☐ New account						
Transfer of Ownership RACF ID: Previous Owner:						
Update existing RACF ID RACF ID:						
Revoke RACF ID: Other:						
				· 		
REASON:						
STEP 3: Select applicati	ion(e) need	ciated with l	PACE			
Campus Users:	ion(s) asso	Clateu with i	MACI			
Application	Org.	Org.	Org.	Org.		
Finance	Org.	Oig.	Oig.	Oig.		
Requisition						
Direct Pay						
Pos. Mgmt.						
Other						
		1				
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Requestor's Signature		Date		Princip	al/Supervisor's Signature	e Date
	Vac	No				
Finance Office Approval	Yes	No		Approv	val Signature	Date
Finance/Technology Use	Only:					
Application on "SSS"		Dots	Dotso Update		Q-Approval	Change Excel