RACF User Id Request Form
(ESC-Region 20 iTCCS Business Systems)
Departmental Access

SAISD

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: _____
  mm/dd/yyyy

☐ Permanent Access
☐ Temporary Access   From: _____   To: _____
                              DATE   DATE

NAME: _____
  First   Middle   Last

Title: _____   Employee ID # _____

Department/School: _____
         Number   Name

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 application(s) associated with RACF

Department Users:

Application	Org.	Org.	Org.	Org.
☐ Finance				
☐ Requisition				
☐ Direct Pay				
☐ Position Management				
☐ Other				

_____   _____
Requestor's Signature   Date   Principal/Supervisor's Signature   Date

                    Yes   No
Finance Approval   ☐   ☐   _____
                                      Approval Signature   Date

Finance/Technology Use Only:
Application on "SSS" _____ Dotso Update _____ REQ-Approval Change _____ Change Excel

Form # _____