REGION USER AUTHORIZATION FORM

Feb 2025

District Number District Name

Full Name School Employee: Yes  No

User ID Number User’s Title or role

Phone Number: Email:

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

User ID Full Name Effective Date Do you want to copy the access of another active user? (*If yes, please enter information below):*

User ID Full Name

Additional comments:

Check **ONE**:  SMART HR  SMART Finance  Both (HR Default)  Both (Finance Default)

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

Accounts Payable Clerk Accounts Receivable Clerk Assistant Business Manager Auditor,Finance Auditorfin-FJE Business Manager Fixed Asset

**View Only:** Superintendent/Principal

PO Clerk

AP AR

Receiving Clerk

PO

Special Ed Director

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

ACA Admin APADMIN (1099s)

TRANSADMIN Transportation

POADMIN

W-2 Admin

PO ReimAdmin Reimbursements SRAAdmin

W-4 Admin

WAGE Admin

TimeTracker Roles

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

ACA Account Code Transfer Assignments Benefits Budgeting COBRA HR Injuries & Workers Comp Medical Payroll Permissions Seniority STAR TimeOff TimeTracker **View Only:** GL HR Payroll TimeOff

**MFA**

Employee will use cell phone to receive RDP SMART Duo Security **Cell Phone Number**:

Employee requests a RDP SMART Token ($50 annual fee)

Add to User Region IV Contact list? \_\_\_ Yes \_\_\_ No

Add to Distribution List ? \_\_\_\_ Payroll \_\_\_Finance

**Signature:** **Printed Name:** **Date:**

***REGION USE ONLY***

**changed by *initials***

RDS/Citrix Login *initials* Date SMART Login *initials* Date Duo enabled *initials* Date Sent to District *initials* Date Added to Contacts *initials* Date Deleted All Access *initials* Date