## LCISD

## **SYSTEMS ACCESS REQUEST FORM**

Submit this form to the Information Systems Department via the Help Desk Save and attach this file to the ticket.

Lapeer I. S.D. - Information Systems Phone: 810.245.3973 Fax: 810.664.1011 mhopkins@lcisd.k12.mi.us

rict:							
					PowerSchool		
_					PS- Admin		
ess for (Name):					PS- Teacher		
Title:			Ruild	ling(s)			
pervisor			Dullo	iiig(s)			
Synergy -	ESS	- Employee Self Serve		C	Finance - CIMS (Web & Tra	nditional)	
Synergy AdminVue							
Synergy TeacherVue	Sequ	uel Viewpoint		C	ASCENT GL Inquiry ONLY		
Synergy - Organizati	ion _	Financial Managemen			e & Delete L=Lookup ONLY  Payroll Managemer		<u> </u>
Select Focus Ed-Tech	0	G.L. Accounts -	A/ C/D	L O	Basic Employee -	A/ C/D	L
Adult Ed	О	Gen. Ledger Reports -	0	O	Attendance -	0	(
Community Ed	O	Accounts Payable -	0	0	Absence Balances	0	(
Alternative Ed	0	Purchase Requisitions	$\circ$	0	Contract Balance	0	(
Early Childhood	0	Vendor Information -	0	O	Payroll Data -	0	(
Early On	О	Purchase Orders -	$\circ$	$\circ$	Assignments -	0	(
Special Ed	О	Invoices -	0	$\circ$		0	(
	О		0	$\circ$		0	(
	О		0	0		0	(
I have read & understand th	ne Policies & Proc	edures ( ) Yes - ( ) No	,		The business office is requiremaintain any and all account		ion
order to ensure you receive the	he system permi	ssions you need, please u	se this s	pace	to define job functions:		

Authorized Signature\_