

CONGA CONTRACTS SYSTEM ACCESS REQUEST FORM: CONTRACT OWNER OR APPROVER

Use this form to request a change in access in Conga Contracts for a user from a participating central contracting unit (CCU) with a *Contract Owner* role <u>OR</u> a department user with a *Contract Approver* role.

Instructions:

All fields of the form below must be completed, and your request must be approved by the appropriate department leader(s). Please attach your completed request form to a ticket submitted via the <u>UMIT Self-Service Portal</u>. Please be sure to select *Application/Software* as the Category, *Other* as the Subcategory, and include "Conga" in the Short Description. You will be notified once changes requested have been completed.

SECTION A: USER DETAILS				
Date of Request:		UM Email:		
Name:		CaneID:		
Phone:		Employee ID:		
Note: You are responsible for obta submitting this access request form		al(s) as required fo	or the change(s) being requested prior to	
SECTION B: ACCESS REQUEST				
Department: (Check one)				
Central Contracting Units: □ Contract Administration (Business Services) □ General Counsel	Departments with C ☐ Clinical Engineerin ☐ CEPD ☐ Control		rer Role: □ PCI Compliance □ Treasury □ Value Analysis	
☐ Purchasing (Academy) ☐ UHealth Supply Chain Services	 ☐ Facilities ☐ Human Resources ☐ Real Estate ☐ Office of Technology Transfer (OTT) ☐ Office of Research Administration (ORA) 		 □ UHealth Information Technology (UHIT) □ University of Miami Information Technology (UMIT) □ Other (Please explain): 	
Change(s) Requested: (Check all that apply)				
☐ Add User ☐ Remove User ☐ Other (Please explain): Please provide a detailed explanation of the change		□ Change User Role (ex: Contract Owner, Contract Approver, etc.) □ Change User Functions (ex: Contract Admin, Contract Assigner, Procurement 300) (e(s) requested:		
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Last Updated: 5/9/2021 Page 1 of 2



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SECTION C: APPROVAL(S)				
ADDING A USER Only: Complete the section below if adding a user to Conga Contracts.				
Dean, VP or Department Chair <u>and</u> Fiscal Officer Approval				
Dean, VP or Department Chair:	Fiscal Officer:			
I (Print Name) certify that I have appropriate authority to approve this system access request on behalf of my department.	I (Print Name) certify that I have appropriate authority to approve costs associated with this system access request on behalf of my department.			
(Signature)	(Signature)			
(Title)	(Title)			
(Department Name)	(Department Name)			
(Date)	(Date)			
OTHER CHANGES (To add a user, complete approvals section above): Complete the section below for all reasons other than adding a user to Conga Contracts.				
Department Leadership Approval				
I (Print Name) certify that I approve and have appropriate authority to approve this system access request on behalf of my department.				
(Signature)	(Department Name)			
(Title)	(Date)			
For Internal Use Only:				
□ Approved OR □ Declined				
If Declined, Reason for Declining:				
Approved/Declined By:				
Date Approved/Declined:				
Date License Obtained:				
Access Granted By:				
Date Access Granted:				

Last Updated: 5/9/2021 Page 2 of 2