

CONGA CONTRACTS
DEPARTMENT HEAD ACCESS REQUEST FORM

Purpose:

Please complete this form if you are a department head or other senior business or administrative officer and would like to request access to Conga Contracts to view all completed and in-progress contracts for your department¹.

Instructions:

All boxes below must be completed. Please attach your completed form, with all required signatures, to a ticket submitted via the [UMIT Self-Service Portal](#). Please be sure to select *Application/Software* as the Category, *Other* as the Subcategory, and include "Conga" in the Short Description. Note: You are responsible for obtaining appropriate approvals prior to submitting this access request form. You will be notified once your access has been granted.

SECTION A: PERSONAL DETAILS															
Date of Request:	Email:														
Name & Title:	CanelD :														
Phone:	Employee ID #:														
SECTION B: ACCESS REQUEST															
<p>Please provide the reason for your access request:</p>															
<p>List the Division and Department for each department whose contracts you are requesting access to in Conga Contracts. Click here to view the list of all Divisions and Departments in Conga Contracts. The Division and Department name you indicate <u>must match</u> the name in Conga.</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 50%;"><u>Division</u></th> <th style="text-align: left; width: 50%;"><u>Department</u></th> </tr> </thead> <tbody> <tr><td>•</td><td>•</td></tr> <tr><td>•</td><td>•</td></tr> <tr><td>•</td><td>•</td></tr> <tr><td>•</td><td>•</td></tr> <tr><td>•</td><td>•</td></tr> <tr><td>•</td><td>•</td></tr> </tbody> </table>		<u>Division</u>	<u>Department</u>	•	•	•	•	•	•	•	•	•	•	•	•
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¹ NOTE FOR UHEALTH FACULTY AND STAFF: Access under this form is not limited to contracts associated with a specific UHealth location. Once assigned the Department Head role, you will have access to all contracts associated with your department in Conga, regardless of office/clinic location.

SECTION C: DEPARTMENTAL APPROVAL

Dean, VP or Chair Approval (required only if request is submitted by a SAO or SBO):

I, (print name) _____, approve this system access request on behalf of my department.

Signature _____

Title _____

Department _____

Date _____

Fiscal Officer Approval (required only if request is not submitted by a SAO or SBO):

I, (print name) _____, approve this system access request on behalf of my department.

Signature _____

Title _____

Department _____

Date _____

SECTION D: CONGA GOVERNANCE COMMITTEE APPROVAL (For Internal Use Only)

☐ Approved or ☐ Declined

If Declined, reason for declining: _____

Approved/Declined By: _____

Date Approved/Declined: _____

Date Access Granted: _____

Access Granted By: _____