

IFMIS APPLICATION USER ACCESS REQUEST FORM

New User Existing User

ORGANIZATION: _____ Branch (If Any) _____

Applicant Full Name:

Name _____ FathName _____ Grand FathName _____

Job Title _____ **IFMIS-Payroll Number** _____

Department _____

Immediate Supervisor's Full Name _____

IFMIS ROLE(S) ASSIGNMENT

Please put tick mark (✓) in the check box **INFRONT OF** the applicable roles to choose the applicable role(s).

<input type="checkbox"/> Finance Expert	<input type="checkbox"/> Inventory Expert
<input type="checkbox"/> Finance CTL	<input type="checkbox"/> Fixed Asset Expert
<input type="checkbox"/> Petty Cashier	<input type="checkbox"/> Property Admin CTL
<input type="checkbox"/> Planning Expert	<input type="checkbox"/> Payroll Expert
<input type="checkbox"/> Planning CTL	<input type="checkbox"/> HR CTL
<input type="checkbox"/> Procurement Expert	<input type="checkbox"/> Management
<input type="checkbox"/> Procurement CTL	<input type="checkbox"/> Self Service User
<input type="checkbox"/> Auditor	<input type="checkbox"/> Payroll Expert/SLA
	<input type="checkbox"/> PB Verifier

Transaction Approval Limit (applicable for Management, Finance Case Team Leader (CTL), Planning Expert, Planning CTL)

Individual Approval	Joint (two) Approval	Joint (three) Approval
Limit: _____ (Birr)	Co-Approver Name: _____	Co-Approver Name: _____
	Limit: _____ (Birr)	Limit: _____ (Birr)

Applicant

Name _____

Signature _____

Date _____

Approved by

Name _____

Signature _____

Date _____

Stamp