



Access Request

User (Employee) Information	
Name:	Phone #:
Title:	Department:
Email Address:	
Requester (Supervisor) Inform	ation
Name:	Phone #:
Title:	Department:
Email Address:	
Dept. User Roles	Other User Roles (Check Any that Apply)
Contract Initiator	Legal Office
Revenue	Compliance Office
Expense	Signatory (Senior Leadership)
Approver	Supply Chain Office
Revenue Expense	Contracts Administration Office
Lypense	
Supervisor Signature:	Date:

After the request is received by the Contracts Administration Office, the User will receive instructions and a link to complete the required trainings. Once the trainings have been completed, you will be notified how to access Ntracts (Contracts Management System).

For Contracts Administration Use Only	
Date Initial Request Received:	
Comments:	