

Munis Authorization Change Request

After Dept. Approval signature route or e-mail to IT. IT will gather the additional approvals

Department Head

Munis Functional Lead

Finance Director

Please Choose One

Name and Contact Information

Full Name

Network Logon-ID (if exists)

Department

Job Title/Role

Supervisor

Location

Additional data or special requests (if necessary)

Describe

Data Access Role

Add

Remove

Function

Add

Remove

Function

Add

Remove

Function

Add

Remove

Function

Add

Remove

Function

Add

Remove

Function

Add

Remove