

MyFunding Access Request Form

1. Requestee

Full Name	_____
Title	_____
Department	_____
Pitt Email Address	_____
Sponsored Account?	<input type="checkbox"/> Yes this is a sponsored account
Briefly indicate why access is being requested:	<div style="border: 1px solid black; height: 40px;"></div>

2. Supervisor

Full Name	_____
Title	_____
Department	_____
Pitt Email Address	_____
Signature	_____

3. Authorized RC

A Dean/School-level signature is required before this request can be processed.

Full Name	_____
Title	_____
Department	_____
Pitt Email Address	_____
Signature	_____

4. Access Type Requested

Check all that apply.

<input type="checkbox"/> Research Administrator	This access will add the user directly to individual MyFunding records based on the selections below. They will appear on record's access lists and will receive communications based on that. This will only apply to items that exist in MyFunding at the time of request, the user will need to be manually added to new items.
<input type="checkbox"/> Approver	This access grants the user the ability to review and approve Funding Proposals on behalf of the department or school. The user will receive notifications regarding FP approval.
<input type="checkbox"/> Organizational Reader	This access grants Read Only access to all records owned by a School/Department and will automatically allow access to both current and newly created records. The user is not added to individual record access lists so will not show up on the record and will only receive communications from inside MyFunding if they are manually added to the communication.

5. Research Administrator Access Details

Complete only if Research Administrator access was selected above.

List department numbers/names (e.g. 35207 – Dept of Medicine), school RC numbers (e.g. 23 – Engineering), or PI names and emails for PI-specific access.

Departments / Schools / PIs

Record Type	Read	Edit	Edit + Replace Department Administrator *
Funding Proposals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SF424 (grants.gov)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Each record can have only one primary Department Administrator Contact. If this request is replacing an existing contact, please include their name and e-mail below.

Current Department Administrator	_____
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6. Approver Access Details

Complete only if Approver access was selected above.

List department numbers/names or two-digit school RC numbers. Indicate Step 1 (Department) or Step 2 (Dean's Office) approver role. Ex: 35207 – Dept of Medicine, Department Approver | 23 – Engineering, School Approver

Step 1 — Department Approver Areas	Step 2 — Dean's Office Approver Areas

7. Organizational Reader Access Details

Complete only if Organizational Reader access was selected above.

List five-digit department numbers/names or two-digit school RC numbers for read-only access. Ex: 35207 – Dept of Medicine | 23 – Engineering

Departments / Schools