



Section 1: User Information

Name _____ Employee ID or EID _____
Title _____
Department _____
LLU Email Address _____ Tel. Ext _____

What type of authorization is needed? (select from drop down)

Does this employee need to receive PPM Budget Reports? [Yellow box]
Does this employee have signature authority for on-campus requisitions, financial transactions, reports, and rate slips? [Yellow box]
Does this employee have permission to enter LLIFT requisitions? [Yellow box]
Does the user already have LLIFT Requisitioner access? [Yellow box]

I understand it is my responsibility to notify Research Affairs Post Award in a timely manner of any change in access rights resulting from new assignments, transfer to another department, termination of employment, or any other reason. My signature below certifies that access requested for the person named above is appropriate for his/her job duties.

User Signature _____ Print Name _____ Date _____

I certify that I am ultimately responsible for all documents signed by other persons whom I have authorized to sign.

Principal Investigator Approval _____ Print Name _____ Date _____

Section 2: Oracle Access Information

PPM Project # (7 digits)

Form with 9 dashed-line input boxes for PPM Project #

PPM Project # (7 digits)

Form with 9 solid-line input boxes for PPM Project #

SUBMIT THE SIGNED FORM TO RESEARCH AFFAIRS POST AWARD TO: rapostaward@llu.edu

For Office Use Only: Entered by: _____ Date: _____