

## Financial Systems Access On/Off-Boarding Request with BFS

Department leaders should use this form to grant access to newly joined administrators or to update access to current administrators.

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

CalNet ID EMAIL ADDRESS: \_\_\_\_\_

Start date: \_\_\_\_\_

Title: \_\_\_\_\_

Dept: \_\_\_\_\_

**\*\*Before we begin, please confirm that your team member has received their CalNet ID and can authenticate their password and login to UC Berkeley sites such as B-mail. Please also have them update their information within [Cal Directory](#) and provide a complete Berkeley Law listing that includes an email address and telephone number. Please add removal date for temporary employees**

**Request Access:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> BearBuy                  | <input type="checkbox"/> BluCard*                  | <input type="checkbox"/> Aventri                         |
| <input type="checkbox"/> Travel and Entertainment | <input type="checkbox"/> Event Planner Card (EPC)* | <input type="checkbox"/> BFS Supplier Onboarding Portal* |
| <input type="checkbox"/> Connexus                 | <input type="checkbox"/> CalAnswers                | <b>Access Removal Date:</b> _____                        |

**\*Required Training:**

To access the Berkeley Financial System (BFS) Supplier Onboarding Portal, you must first complete the Supplier Onboarding Training. You can sign up for the training using the [Supplier Onboarding Training Sign Up Form](#).

Please email [inquiries@law.berkeley.edu](mailto:inquiries@law.berkeley.edu) to arrange training for the bluCard Program Procedures course and the bluCard Program Basics course. Prospective Event Planner Cardholders and Approvers must complete the Event Planner Card Program Basics (course code: BEPRO320) training module prior to being issued a card or given access to the card in BFS.

If you have selected BluCard and the Event Planner Card, please provide the default chartstring,

BU	Account	Fund	Dept.	Program	CF1	CF2
1						

Please choose a Back-up Reconciler from your center or department:

\_\_\_\_\_  
 Back-Up Reconciler Name

\_\_\_\_\_  
 Back-up Reconciler Employee ID #

\_\_\_\_\_  
 Department Director/COA Approver Name

\_\_\_\_\_  
 Signature & Date