Weill Cornell Medicine

NEW WBS ELEMENT REQUEST FORM

This form is used to ensure that all WBS elements (for new, competing, and supplemental applications) are created with the appropriate levels of SAP access. For the creation of a WBS after an NOA has been received, submit this form as requested along with NOA processing documentation. For Advance Account Requests, see the Advance Account Request form instructions.

Date: _____ Submitted by: _____

Fund Center: _____ Grant Number: _____

PI Last Name and Position ID: _____
(WBS will not be created without this ID)

Please complete the fields below and list all employees who will have responsibility for this WBS Element:

APPROVER ACCESS
AP access includes SRM approval, Cashier capabilities, and BI reports.
Also includes eForms access.
Must be a DA/DD/DIVA

Last Name:	SAP Position ID #:

DISPLAY ACCESS
DA access includes Cashier capabilities and BI reports.

Last Name:	SAP Position ID #:

BI REPORTING ACCESS
BI access includes viewing of BI reports only.

Last Name:	SAP Position ID