



# RCAB Systems Access Request Form

Submit the completed form to [HR@rcab.org](mailto:HR@rcab.org)

Effective Date:

Location Name:

ID Number:

Location Name:

ID Number:

Name:

Job Title:

Phone Number:

Email:

Does this contact replace a current contact:

Yes

No

If yes, indicate who:

Final Date:

Please select the boxes next to applicable applications: **ONLY SELECT APPLICATIONS YOU ARE REQUESTING ACCESS TO.**

### Lay Benefits

- BAS / MyEnroll - Benefits Administration
- Monthly Invoice (limited to 1 individual)

### Catholic Schools Office

- Schoolopedia

### Finance

- Paylocity - Payroll
- Net Teller
- Sage Intacct
- List Intacct Entity ID's:

Type of Access:      Read Write:      Read Only:

Terminate previous contact listed above immediately?    Yes:      No:

### Parish Services

- BA E-mail Address Access
- BK E-mail Address Access
- Right Networks/QuickBooks
- Support Ticket Portal
- Stream Access
- ParishSoft Application
- Adaptive Budget Software

**Approver name and Title\*:**

\*Must be signed by someone in authority at the location.

**Approver Signature\***

### NOTIFICATION FOR TERMINATION OF ACCESS ONLY:

Termination Date:

**Please complete location, name and email address information above.**

**For Pastoral Center User Only:**

BA Email Address:

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