

VCU's ECRT Access Request Form

Instructions: Please complete the form below for ECRT access and return the completed form to effortreport@vcu.edu or fax a copy to 8-8644. Access request for levels beyond the department level may require approval from the Dean and/or the VP's Office.

Effective Date (Start Date) for ECRT Access: _____

Access Request For: Last Name: _____ First Name: _____

VNumber: _____ EID: _____

Current ECRT Access: Primary Effort Coordinator Certifier (automatic)
Secondary Effort Coordinator Other _____

Role Requested: Primary Effort Coordinator (Dept Process Access) Certifier (automatic)
Secondary Effort Coordinator (Dept. Inquiry Access) Other _____

Type of Request: Add Access Delete Access Other: _____

Access Level: Department MBU/School SML/VP

Access Area:

Department: _____

Training Confirmation:

University Required Training for Investigators and Admin Completion Date: _____

Additional Comments:

Approver's Name: _____ Approver's Title: _____

Approver's Department: _____ Approver's Phone Number: _____

Approver's Email: _____

Note: By signing this document, I understand that I am granting the individual above ECRT access, which will allow him/her to review payroll and/or other effort related information within the ECRT system.

Approver's Signature: _____ Date Approved: _____

Effort Reporting Only: Processed By (ERS Team Member): _____ Process Date: _____ Banner Screen Used: _____