

InfoEd Access Request Form

User Information

Last Name: _____ First Name: _____

Title: _____

RFMH Org (Dept): _____
(This should be the current primary ORG assignment in the RFMH HR system.
Please verify with your RFMH Business Office.)

Location: – NYSPI – IBR – NKI - Central Office

Email address: _____

Reason for request: _____

Select appropriate category or categories:

- Principal Investigator (access to all proposals where role is P.I.)*
- Department Administrator (access to all proposals within department) ___*
- In InfoEd User (Spin / Smarts / delegated access)*
- IT Procurement*
- Research Administrator (for RFMH Bus Office users only)*
- Department Head (can only be approved by RFMH Bus Office Director)*
- InfoEd Admin (can only be approved by RFMH Bus Office Director)*
- DCM User (Animal Care / Facilities Management)*

Access Agreement

By signing this request, the user affirms that he or she will adhere to certain policies as set forth by the Research Foundation for Mental Hygiene, Inc. for use of the InfoEd software:

IDs or passwords that are assigned to you may not be shared. RFMH reserves the right to revoke your access if this rule is not met. For reporting purposes, we may periodically monitor your use of the system.

The technical, programmatic, and budgetary details of an individual proposal are to be considered confidential material and may not be shared.

Your signature indicates your agreement to comply with the above-stated requirements.

Approvals

Date of InfoEd Training _____

User Signature / Date _____

Supervisor / Date _____

RFMH Business Officer / Date _____

- Original, completed InfoEd Access Request Forms are to be sent to John Chapin, RFMH v7 [06-06-2018]