

## VCU's ECRT Access Request Form

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Instructions: Please complete the form below for ECRT access and return the completed form to [effortreport@vcu.edu](mailto: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: \_\_\_\_\_