



Request:

If "Delete", termination date:

**Role(s) Needed (hold CTRL to select multiple - click inside box to enable scrolling)**

**User Information**

Name (Last Name, First Name):

Job Title:

Address:

Work Phone:

E-mail Address:

**Workflow**

Workflow Placement(who transactions will route to):

Workflow Subordinates(who reports to this employee):

**Spending Limits:**

Request

Invoice

Contract Release

**Approval Limits:**

Request

Invoice

Contract Release

Solicitation Pre-Issue

Solicitation Pre-Award

Solicitation Addenda

Contract Creation

Contract Amendment

**Copy Existing User?**

Name of User to Copy:

**Request Organization / Sub-Organization Assignments (ex. State of Rhode Island, Department of Administration):**

**Notes / Comments:**

**CFO / Agency Information**

Name:

Title:

Agency:

Work Phone:

E-mail:

- All forms must have approval of the agency authorized agent or Chief Financial Officer.
- Submit form to: ent.servicedesk@ri.gov – Reference OSP Add / Change / Delete group in e-mail subject.
- You will be notified by the service desk when your requested has been completed.