

FORM TO ADD, CHANGE, OR DELETE USERS

EFFECTIVE DATE: _____

PLEASE CHECK ONE OF THE FOLLOWING

ADD _____ DELETE _____ CHANGE _____

APPLICATION: WinCap _____ Finance Manager _____ nVision _____

Name _____ To Name _____

District _____ Job Description (ex: Payroll) _____

Phone # _____ Fax # _____ Email: _____

CBO Employee _____ Yes Name of CBO _____

Location within district _____

Reason for change: _____ (New user, name change, in-district move, no longer employed, etc)

Workstation IP Address _____

Printer Location _____

Printer IP Address _____

Printer Model _____

Printer Functions (Duplex, etc) _____

I hereby accept this information as accurate for the purpose of accessing secure financial systems for the school district and accept all responsibilities herein.

Name (Print) _____

Superintendent

Signature _____

Date _____

Who should we contact when completed?

Name _____

Phone _____

Email _____

Email this form to: tsfmteam@e1b.org for Finance Manager & nVision
to: tswincap@e1b.org for WinCap

or Fax form to: ATTENTION: Justin Porebski and Richard Fildes - 716-821-7204