



REQUEST FOR WINCAP USER ACCESS

This form is to be used for requesting WinCap user access through the Questar III Network.

PLEASE COMPLETE THE FOLLOWING INFORMATION.

USER INFORMATION:

NAME (PLEASE PRINT): _____

POSITION TITLE: _____

REASON FOR REQUESTING ACCESS: _____

PLEASE INDICATE WHICH FUNDS THE USER IS GOING TO NEED ACCESS TO:

☐ GENERAL FUND ☐ SPECIAL AID (FEDERAL FUND) ☐ TRUST AND AGENCY FUND ☐ CAPITAL FUND

PLEASE CHECK WHICH AREAS OF WINCAP THE USER IS GOING TO NEED ACCESS TO:

	No Access	View Only	Modify and Delete	Add Only	Modify Only	Delete Only	Add and Modify
Purchasing							
Budgeting							
Service Contract							
State Aid							
Employee							
Human Resources							
Payroll							
Attendance							
Benefits							
Accounts Payable							
Accounts Receivable							
General Ledger							
Revenue							

Signature of Supervisor

Date

Signature of Deputy or Assistant Superintendent
(if different than supervisor above)

Date

Signature of Director of Technology

Date

Please return the completed form to the WinCap Administrator - Questar Central Office.

WinCap Administrator Use Only:

Date system access granted: _____

Signature: _____