



**Department of Finance & Management**  
**VISION System Operator Access Request**

E-Mail: [FIN.VisionSecurity@vermont.gov](mailto:FIN.VisionSecurity@vermont.gov)  
 Phone: (802) 828-6700 Option 2, Option 1  
 Fax: (802) 828-2434

**Select one of the following actions:**

Add - New User Only      Change/Update Existing User      Delete

Operator Name and Title: \_\_\_\_\_

Employee #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agency, Department, and Division Name: \_\_\_\_\_

Business Manager Name: \_\_\_\_\_ Business Unit: \_\_\_\_\_

**Type of Access Requested – For each module, check only one Level as necessary:**

Asset Management:	None <input type="checkbox"/>	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>				
Accounts Payable:	None <input type="checkbox"/>	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>	Level 4 <input type="checkbox"/>	Level 5 <input type="checkbox"/>	Level 6 <input type="checkbox"/>	
Accounts Receivable:	None <input type="checkbox"/>	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>	Level 4 <input type="checkbox"/>	Direct Journal Approval <input type="checkbox"/>		
Billing:	None <input type="checkbox"/>	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>	Level 4 <input type="checkbox"/>			
General Ledger:	None <input type="checkbox"/>	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>	Level 4 <input type="checkbox"/>	Grant Tracking <input type="checkbox"/>		
Inventory:	None <input type="checkbox"/>	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>	Level 4 <input type="checkbox"/>	Non-Fed Grants Only <input type="checkbox"/>		
Purchasing:	None <input type="checkbox"/>	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>	Level 4 <input type="checkbox"/>	Level 5 <input type="checkbox"/>	Level 6 <input type="checkbox"/>	Level 7 <input type="checkbox"/>
			Sp. Classes:					
Business Unit(s) requested for Operator access:								
Buyer: <input type="checkbox"/>			Requester: <input type="checkbox"/>					

**Signature Authority (refer to Bulletin 3.3)**

Requisitions (Operator Preferences):	<input type="checkbox"/>	Direct Journal Approval: (cash receipts):	<input type="checkbox"/>
Contracts (Operator Preferences):	<input type="checkbox"/>	G/L Journal Approval: (budget check):	<input type="checkbox"/>
Purchase Orders (Operator Preferences):	<input type="checkbox"/>	Other <input type="checkbox"/>	_____
Accounts Payable (Level 2 or 5):	<input type="checkbox"/>		
Appointing Authority Signature: _____			

Requested by (Name & Title): _____	Date: _____
Requestor E-mail: _____	
<b>Approved by:*</b> _____	
<b>Title</b> _____	<b>Date:</b> _____
<b>*Signature of agency/department head or agency/department business manager required.</b>	

For Department of Finance & Management Use Only – Operator ID: _____	Primary Class: _____
Approved by: _____	Date Approved: _____