

**ESAF Systems  
Non-Northwestern Employee Security Access**

<b>Applicant Information</b>	
------------------------------	--

Date		NetID	
Name (Last, First MI)		EMPLID	
NU Email		Title	
Department		Work Phone	
Affiliate			

Your ESAF Security request (attached) is for an applicant who is not employed by Northwestern University. Please complete and sign this form to authorize access to ESAF Systems for a non-NU employee.

<b>* REQUIRED SIGNATURES</b>
------------------------------

We acknowledge that we have evaluated the business circumstances within the unit and have concluded that other NU employees are unable to complete the required tasks within ESAF Systems. Therefore, it is necessary to grant access to NUFinancials to a non-NU employee. We also acknowledge that we have confirmed the legitimacy of the individual's employment with our affiliate and we will be accountable for their activity within the system to ensure adherence to University policies and procedures.

**Department Head Name (print):** \_\_\_\_\_ **NetID:** \_\_\_\_\_

**Department Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean's Office Name (print):** \_\_\_\_\_ **NetID:** \_\_\_\_\_

**Dean's Office Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Email to: [foitsecurity@northwestern.edu](mailto:foitsecurity@northwestern.edu)

FOR OFFICE USE ONLY: Date Rec'd:	Date Completed:	Form:	Admin:
----------------------------------	-----------------	-------	--------