

**FACULTY NON-BASE COMP SYSTEM
SECURITY ACCESS REQUEST FORM**

I authorize the following individual to submit requests for faculty non-base compensation payments on my behalf:

NAME _____ UST ID # _____

FUND _____ ORG _____

LOCATION* _____ ACTIVITY* _____

*If established by the Controller's Office.

Authorized by: _____ Date _____
(Responsible Person for the Fund/Org.)

Email to BESTRAIN@stthomas.edu

You may submit multiple users and/or multiple Fund-Org-Location-Activity codes per request.