

# Application for Individual Access to TRAX – Baylor University

(Please print all required information. Put N/A for fields with no answers, such as *Suffix*.)

1. Name: \_\_\_\_\_  
Last Name                      First Name                      MI      Suffix (Jr., Sr.)                      Preferred Name

2. Name Prefix: \_\_\_\_\_ (Dr., Ms., or Mr.)

3. Job Title: \_\_\_\_\_

4. Position Type Is:  
 Regular       Temporary

5. Employee ID # (Number on your Baylor ID Card): \_\_\_\_\_

6. Telephone Extension #: \_\_\_\_\_ FAX #: \_\_\_\_\_

7. Off-Campus Telephone Number (if applicable): \_\_\_\_\_

8. Campus PO / One Bear Place Box : \_\_\_\_\_ Waco, Texas 76798

9. Departmental Street Address: \_\_\_\_\_

10. City, State, Zip: \_\_\_\_\_

11. Department Name: \_\_\_\_\_

12. Department Location (Bldg. Name): \_\_\_\_\_ Room #: \_\_\_\_\_

13. What areas of TRAX should you be able to access?

Area of TRAX	Access (Yes or No)
Budget Information	
Vouchers & Requisitions	
Requisition Approval	
Department Deposit Receipts	
Departmental Adjustment Requests	
Departmental Adjustment Request Approvals	
Budget Change Requests	
Budget Change Request Approvals	

14. Primary Department ID: \_\_\_\_\_

15. Additional Department IDs (attach a sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For TRAX Office Use Only!**  
Do NOT write in box.

UserID: \_\_\_\_\_

Primary Class: \_\_\_\_\_

Secondary Classes: \_\_\_\_\_

Requisition Authority: \_\_\_\_\_

Date of Setup: \_\_\_\_\_

Setup Created By: \_\_\_\_\_

16. Where to Ship Goods: \_\_\_\_\_ Department, Central Receiving, etc.  
The "Where to Ship Goods" is the default location. Any specific order can be shipped to a different location other than the general default location.

17. Email Address: \_\_\_\_\_

**The following questions should agree with the Signature Authorization Forms.**

18. Who approves the requisitions you prepare? \_\_\_\_\_

\_\_\_\_\_

19. Names of all people for whom you approve requisitions:  
(Be sure and put your own name if you will approve your own requisitions.)

\_\_\_\_\_

\_\_\_\_\_

20. Who performs your approval duties when you are not available?  
(Your supervisor? This question is only applicable if you approve requisitions.)

\_\_\_\_\_

21. Is there someone whose access should mirror yours?  
(If you are taking someone's place, we could use their account as a guide to create yours.)

\_\_\_\_\_

22. Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

23. Department Head (Printed): \_\_\_\_\_

24. Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you need additional room in order to answer the questions, attach a sheet of paper to this application with the additional information on it.

## INSTRUCTIONS

### *Application for Individual Access to PeopleSoft/TRAX – Baylor University*

1. Please provide your full name. That includes your middle initial (MI). Your user/operator ID in PeopleSoft/TRAX will be three letters. The three letters reference your first name, middle initial, and last name. If you do not have a middle name, the letter “Q” will be assigned.
2. Please provide the appropriate prefix.
3. Please provide your official job title.
4. What type of position have you been hired for? If you are not sure, please contact Human Resource Services at extension 8539.
5. Please provide your employee ID number. This is not your social security number, but the number that is listed on your Baylor University ID card.
6. Please provide your campus telephone extension. If you are located off the main campus in Waco (i.e. the Nursing School in Dallas), put N/A in the blank. Please also provide your FAX number. If you are located off-campus, please provide all 10 digits of the number, beginning with the area code.
7. Please provide your off-campus telephone number if you are not on the main campus in Waco. If you are located on the main campus, and are on the Baylor University telephone exchange, put N/A in the blank.
8. Please provide your campus post office box number (also known as the “One Bear Place” address). If you are not located on the main campus in Waco, put N/A in the blank.
9. Please provide the actual street address where your department is located.
10. Please provide the actual city, state, and zip code where your department is located.
11. Please provide your department name (i.e. Hankamer School of Business, Accounting Department).
12. Please provide the name of the building in which your department is located. Please also provide the room number where your office is located.
13. Write “YES” next to the appropriate areas of TRAX you will need access to.
14. Please provide your primary seven or nine digit financial department identification code.
15. Provide any other department identification codes that you requisition or approve for. You may attach a separate sheet of paper, if necessary. If you have more department identification codes than can fit in the spaces provided, attach a separate sheet of paper with those additional codes. If your access should mirror that of someone else and you can list that person’s name or User ID, please do so. In this case, you would not have to provide an itemized list of the departments.
16. Please provide the primary location where you want orders delivered.
17. Please provide your Baylor University email address.
18. Please provide the names of all people who approve the requisitions you enter.
19. Please provide the names of the people whose requisitions you approve.
20. When you are sick or on vacation, who approves the requisitions that you would normally approve? Please provide those names.
21. If you are replacing someone, list their name. Is there another person in the department whose access is identical to the access that you should have? If so, please list their name. If you can list a person’s name here, you will not need to give an itemized list of department IDs.
22. Please sign and date the application.
23. Your department head should print his/her name in this blank.
24. Your department head should sign and date the application. Note: If you are a Department Head, you should obtain the signature of the person you report to.

Once the application is complete, please mail to **One Bear Place #97268** or **FAX to 254-710-8850**