

**LAWSON SYSTEM ACCESS REQUEST FORM
SUBSTITUTE for SECRETARY and/or BOOKKEEPER**

Secretary/Bookkeeper Substitute

Location Name & Number _____

Name of Secretary/Bookkeeper _____

Email address of Secretary/Bookkeeper _____

Name of Substitute _____

Email address of Substitute _____

PLEASE IDENTIFY THE LAWSON ACCESS REQUESTED WITH A CHECK MARK:

Secretary _____ Work with District budgeted funds only

Bookkeeper _____ Work with Student Activity funds only

Secretary/Bookkeeper _____ Work with both District and Student Activity funds

Effective Dates: From _____ To _____

I authorize the substitute named above to have access to the Lawson system with the security access the same as the individual also named above. I understand that all actions are system documented with user id, date and time.

Principal/Director Signature Date

Please send this completed form to ETS, Dan Boehm, dboehm@greenville.k12.sc.us