

**ADE eFinance IT Audit - District/Educational Cooperative/Charter Non-Employee Form**  
**Arkansas Department of Education**  
**Arkansas Public School Computer Network**

Complete this form for each 'non-employee' and submit quarterly to [ade.apscnfmshelp@ade.arkansas.gov](mailto:ade.apscnfmshelp@ade.arkansas.gov)

Effective Date October 1, 2018

**Please Check Quarter Reporting:**

- \_\_\_\_\_ 1<sup>st</sup> Quarter (July, August, September) - Due July 1
- \_\_\_\_\_ 2<sup>nd</sup> Quarter (October, November, December) - Due October 1
- \_\_\_\_\_ 3<sup>rd</sup> Quarter (January, February, March) - Due January 1
- \_\_\_\_\_ 4<sup>th</sup> Quarter (April, May, June) - Due April 1

LEA	District Name	Person Completing Form	Email Address

Non-Employee Name	Non-Employee eFinance User ID	Non-Employee eFinance Windows Login Name (AD Account ID)
1. _____		
2. _____		
3. _____		

Non-Employee Employer	Non-Employee Email Address	Non-Employee Physical Location
1. _____		
2. _____		
3. _____		

**\*If Non-Employee is not an employee of another district they will have to have their own private domain email address\***

**What is the business need for APSCN user ID access?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What services are provided to the district/coop/charter by this non-employee?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What security resources do you intend for this non-employee to have?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**\*Attach a copy of each user's resources from eFinance**

\_\_\_\_\_  
 Superintendent/Director of District/Cooperative/Charter - Printed Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Superintendent/Director - Signature

**\* Note: District/Educational Cooperative/Charter non-employee cannot be eFinance Security DBA.**