



Employee Information

Employee ID: 123456789
(CWID) _____

Campus E-mail: wsmith@fullerton.edu

First Name: Will _____

Last Name: Smith _____

Department Name: Information technology _____

Department ID: 12345 _____

Title: Guru _____

Campus Extension: 1234 _____

Division: IT _____

Appropriate Administrator: _____

Permanent Temporary If Temporary, List Appointment End Date: _____

Faculty Staff Management Student Other _____

Account Action Request (check all that apply) New User Existing User Change Department

Types of access: Distributed User Central User

<i>Human Resources Distributed Roles</i>			
Add	Remove	Add	Remove
<input type="checkbox"/>	<input type="checkbox"/> Student Appointment Processing	<input type="checkbox"/>	<input type="checkbox"/> Staff/MPP Roster
<input type="checkbox"/>	<input type="checkbox"/> Receives Confirmation Tickets via Email	<input type="checkbox"/>	<input type="checkbox"/> LAPP/Staff/Faculty/Student Roster for MPP
<input type="checkbox"/>	<input type="checkbox"/> Student Time Reporting	<input type="checkbox"/>	<input type="checkbox"/> CWID Search
<input type="checkbox"/>	<input type="checkbox"/> Student Job Roster	<input type="checkbox"/>	<input type="checkbox"/> Query (run only)
<input type="checkbox"/>	<input type="checkbox"/> PTF Appointments/Contract Processing	<input type="checkbox"/>	<input type="checkbox"/> Employee Funding and Dept Position Rosters
<input type="checkbox"/>	<input type="checkbox"/> PTF Approval	<input type="checkbox"/>	<input type="checkbox"/> CD Reports for Expense, Salary Expenditures & Projections and Salary Expenditures History Page)
<input type="checkbox"/>	<input type="checkbox"/> Faculty Roster	<input type="checkbox"/>	<input type="checkbox"/> Funding Department Roster
		<input type="checkbox"/>	<input type="checkbox"/> Staff/MPP/Faculty Time Reporting.

DeptID(s) or nodes to which user is requesting access

Human Resources Core/Central Roles

Add	Remove
<input type="checkbox"/>	<input type="checkbox"/> Benefits
<input type="checkbox"/>	<input type="checkbox"/> Payroll
<input type="checkbox"/>	<input type="checkbox"/> CMS HR Production Support
<input type="checkbox"/>	<input type="checkbox"/> Faculty Affairs and Records
<input type="checkbox"/>	<input type="checkbox"/> Human Resources

Others:



I certify that I have read, understood and agree to follow the Access and Compliance form which I signed when I was hired.

Employee Name _____ Date _____

I certify that this access is appropriate for this individual's duties and responsibilities.

Administrator Name: _____ Date _____

	Name	Date
Initiator:	Kerry Boyer	10/26/2009
Business Analyst :	_____	_____
Trainer:	_____	_____
ISO Admin Analyst :	_____	_____
Security Admin :	_____	_____

SAMPLE

Comments

Approval Status: Pending

CISO Signature _____ Date _____