

HR System Access Request Form

HUMAN RESOURCES

User Information

Name

eName

Oracle HR System Roles

See <https://hr.colostate.edu/hr-community-and-supervisors/operations/systems-and-access/> for system role descriptions.

- | | | | | |
|-------------------------------------|---|---|---|--|
| <input type="checkbox"/> Read/Write | <input type="checkbox"/> Leave Management | <input type="checkbox"/> State Classified Performance | <input type="checkbox"/> Hire Forms and I-9 Manager (Equifax) | <input type="checkbox"/> Background Checks |
| <input type="checkbox"/> Query Only | <input type="checkbox"/> Special Earnings | <input type="checkbox"/> Time Clock Approval | <input type="checkbox"/> Time Clock Plus Department HR | |

Oracle Approval Authority (Assignment Changes, New Assignments and Hires)

**** (Check boxes for employee groups ONLY if the user is going to *approve* assignment actions for those groups)****

- | | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> Faculty and Admin Pro | <input type="checkbox"/> State Classified | <input type="checkbox"/> Graduate Assistant | <input type="checkbox"/> Non-Student Hourly | <input type="checkbox"/> Other Salaried |
|--|---|---|---|---|

Departments (Numbers and Names)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Justification for Access

User Agreement

I understand that the data contained in the Human Resource Management System is confidential. I also understand that the access I am requesting is for my use in performing my job duties and responsibilities. Therefore, I agree that my user ID and password will not be shared with other persons, and that I am responsible for any accesses logged against my user ID. I understand that failure to keep my ID and password private and/or secure may result in the termination of my ability to access the online Human Resource Management System and/or the data it contains.

Employee Signature

Date

HR IS Initials

Date

Department Authorizing Signature

Date

Printed Name

VP/Dean Authorizing Signature
(required for Faculty/AP Approval Authority and
Time Clock Plus Department HR roles only)

Date

Printed Name

Forms can be emailed to HR_IS@mail.colostate.edu



HUMAN RESOURCES
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