<b>Step 1.</b> Employee please complete the "Employee Information" section.			
1. Employee Information (to be completed by employee)			
Name (First M. Last): Email Address: Position/Job Function: Department:		PS Empl ID: Work Phone #: Student?	∕es □No
Step 2. Appropriate Administrator please complete the "Appropriate Administrator Information" section, print the form sign it, and return to Human Services for processing.			
2. Appropriate Administrator Information (to be completed by Appropriate Administrator)			
Specify the type of se  HR (Human Resources)	SA (Student Administration)	FIN (Finance) Data V	
ADD/UPDATE ACCESS SECURITY: (If known, list the name of an existing or prior PeopleSoft user that the individual requesting security should mirror. If a modification is necessary please include details.)  Name: Modify Modification Details:			
Special Instructions:	Wiodiffcation Beatifs.		
information system duties. I understand and federal laws ar	because such data is relevant and ne I my obligation to provide training to ad University policies that govern a nt records including data accessible th	mployee requires access to data in a cessary in the ordinary course of perfor this employee to ensure that he/she undecess to and use of information contain rough computer-based information systems.  Signature	ming his/her job erstands the state ned in employee,
3. Required Signat	IIPAC		
	above is approved and certified to receive acc	ess to PeopleSoft.	
For HR roles: Director of F Signature:		Date:	
For Finance and Data Warehouse Roles: Vice President of Administration and Finance Signature:  Date:			
For Student Administration Signature:	Roles: appropriate Manager (e.g., Registrar, Direc	tor of Financial Aid, etc.)  Date:	
PeopleSoft Functional / IT Security Administrators complete the "CMS Security" section.  CMS Security (to be completed by PeopleSoft Functional / IT Security Administrators)			
Comments:		•	
PS Security Name:	Signa	ture:	Date:
IT Security Name:	Signa	ture:	Date:

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