



ADP/Human Resources Information System (HRIS) Access Request Form

Request for: New User Change of Access Termination of Access

Employee Name:	Panthercard ID:
Employee ID:	Campus ID:
College or VP Area:	Department Name:
Campus Email:	Campus Phone:

REQUESTED ACCESS

Human Resources Security Access <input type="checkbox"/> Departmental Inquiry <input type="checkbox"/> PPGRA Access <input type="checkbox"/> HRAC Access** <input type="checkbox"/> HRAC Assistant Access** <small>**Requires special approval</small>	ePAF Access (Training Required) <input type="checkbox"/> Initiator/Reviewer <input type="checkbox"/> Final Approver Date of Training _____	Numara Clearance Access <input type="checkbox"/> Departmental Access <input type="checkbox"/> Administrative Access (Select Role Below) <input type="checkbox"/> Cashier <input type="checkbox"/> Library <input type="checkbox"/> Purchasing <input type="checkbox"/> Exchange <input type="checkbox"/> Panther Card <input type="checkbox"/> Key Control <input type="checkbox"/> Parking
--	---	---

Duplicate Access (If you would like to copy the access of an existing user, please indicate their name here:

First Name: _____ Last Name: _____

BUSINESS FUNCTION

Please indicate how the requested access relates to your business function(s). *(Specialized access requests should be included here.)*

DEPARTMENT/UNIT

Please list department numbers(s) or business unit for which you need access. *(If you wish to have total access to all department(s) associated with a single business unit, you may list only the business unit for which you need access.)*

APPROVAL

Departmental Signature of Approval: _____ Date: _____

*Admin. Officer/HRAC Signature of Approval: _____ Date: _____

*Provost Area Signature of Approval: Approve Deny _____ Date: _____

*HRIS /Payroll Signature of Approval: _____ Date: _____

HR Use Only

Approvals: Payroll Access Yes No _____ ADP Reporter Access Yes NO _____

SSN Access Full (All 9 digits) Mask (Last 4 Digits) No (No Access) _____

Please send completed form to HR Payroll/HRIS Dept. 1 Park Place Suite 344, P.O. Box 3982 or FAX: 404-413-3301.
The employee will be notified by phone or email of the completion of their security setup.

For Spectrum Use only:

Spectrum Member: _____ Date Submitted to SSC: _____

Class Granted: _____ Row Level Security Granted: _____

SSC Access granted reply date: _____ Email to Employee date: _____

(created 03/04/05 erj; revised 03/25/10 mkf; revised 06/25/2014 atl)