

ACCESS REQUEST FORM

This form must be filled in and signed. **INCOMPLETE FORMS WILL BE RETURNED.**

System: <input type="checkbox"/> Finance OR <input type="checkbox"/> HR/Payroll (Separate forms required - check only one box)		
<input type="checkbox"/> Create New ID	<input type="checkbox"/> Modify Existing ID	<input type="checkbox"/> Delete Existing ID
Date requested: _____		Date needed: _____

Name (please print): _____ Empl. ID# _____ Phone: _____

Dept. Name: _____ Dept. #: _____ Location: _____

PPS email address (required): _____

To obtain an email address, check the PPS Website www.pps.k12.or.us/departments/information-technology/1247.htm or contact the Service Desk at ext. 63375

NOTE: New PeopleSoft IDs and passwords are distributed after PeopleSoft training sessions are completed. Those requesting new PeopleSoft IDs will be notified of training opportunities.

FINANCE	
Mark with an <input checked="" type="checkbox"/> for requested access	
Purchase Order: <input type="checkbox"/> MSR Warehouse Order: <input type="checkbox"/> Budget Approval Level (required): <input type="checkbox"/> \$500 <input type="checkbox"/> Unlimited <input type="checkbox"/> None Reconcile Procurement Card Statements: <input type="checkbox"/> Financial Reports: <input type="checkbox"/> For: School/Department(s) _____ Dept. ID _____ _____ _____	

HUMAN RESOURCES/PAYROLL	
Mark with an <input checked="" type="checkbox"/> for requested access	
Employee Inquiry: <input type="checkbox"/> Employee Self Service: <input type="checkbox"/> Employee Custom Timesheet: <input type="checkbox"/> Time and Attendance: <input type="checkbox"/> For: School/Department(s) _____ Dept. ID _____ _____ _____	Staffing Management Tool: <input type="checkbox"/> Evaluation Management Tool: <input type="checkbox"/>

For additional Access submit this form to the Department PeopleSoft Functional Lead for completion.

DO NOT MARK IN THIS BOX - FOR IT USE ONLY		
<input type="checkbox"/> add <input type="checkbox"/> modify <input type="checkbox"/> delete User ID _____	<input type="checkbox"/> clone User ID _____	
ROLE <input type="checkbox"/> insert <input type="checkbox"/> delete _____ _____ _____	Role Completed: _____ / ____ / ____ (Functional Lead Initials) Date	
DEPARTMENT ACCESS (HR) <input type="checkbox"/> insert <input type="checkbox"/> delete _____ _____ _____	Dept. Access Completed: _____ / ____ / ____ (Functional Lead Initials) Date	
PeopleSoft ID Completed: _____ / ____ / ____ (PeopleSoft Security Adm. Initials) Date	User Preferences Completed: _____ / ____ / ____ (Functional Lead Initials) Date	Workflow Completed: _____ / ____ / ____ (Workflow Adm. Initials) Date
FORWARD FORM TO CLIENT SUPPORT		
Email Account Verified: _____ / ____ / ____ (Client Support Initials) Date	PeopleSoft Training Completed: _____ / ____ / ____ (Client Support Initials) Date	
FORWARD FORM TO PEOPLESOFT SECURITY ADMINISTRATOR FOR FILING		

Administrator/Supervisor Name (please print) _____ Administrator/Supervisor Signature _____ Phone _____

Return to: PeopleSoft Security Administrator, Information Technologies, BESC L1
 (Return through the PONY, drop off in the PeopleSoft Access Request Form box in IT, or fax to X63162)