

HUMAN RESOURCE SYSTEMS ACCESS REQUEST

Employee completes this form, submits to Dean or Department Head for approval signature, and forwards to University Human Resources, 106A Whitehurst, for processing. Refer to back of form for additional instructions.

APPLICANT INFORMATION (Please Print)

Full Name: _____ Position: _____
Department: _____ Campus Address: _____
Employee CWID Number: _____ Telephone Number: _____
SCT Operator ID: _____ E-Mail Address: _____

REQUESTED ACCESS (Mark systems, levels, and types of access requested. Write division and department numbers on lines beside requested access).

- | | | | |
|--|-------------------------------|---|----------------------------------|
| <input type="checkbox"/> HRS On-Line (View Access) | AND/OR | <input type="checkbox"/> HRS e-PRINT (View HRS Reports on line) | |
| <input type="checkbox"/> DEPARTMENTS (18 max.) _____ | | | |
| <input type="checkbox"/> DIVISION _____ | | | |
| <input type="checkbox"/> BIWEEKLY TIME INPUT | <input type="checkbox"/> VIEW | <input type="checkbox"/> INPUT | <input type="checkbox"/> APPROVE |
| <input type="checkbox"/> DEPARTMENTS _____ | | | |
| <input type="checkbox"/> DIVISION _____ | | | |
| <input type="checkbox"/> MONTHLY CONFIRMATION | <input type="checkbox"/> VIEW | <input type="checkbox"/> INPUT | <input type="checkbox"/> APPROVE |
| <input type="checkbox"/> DEPARTMENTS _____ | | | |
| <input type="checkbox"/> DIVISION _____ | | | |
| <input type="checkbox"/> EXCEPTION TO NORMAL PAY | <input type="checkbox"/> VIEW | <input type="checkbox"/> INPUT | <input type="checkbox"/> APPROVE |
| <input type="checkbox"/> DEPARTMENTS _____ | | | |
| <input type="checkbox"/> DIVISION _____ | | | |
| <input type="checkbox"/> LABOR DISTRIBUTION | <input type="checkbox"/> VIEW | <input type="checkbox"/> INPUT | |
| <input type="checkbox"/> DEPARTMENTS _____ | | | |
| <input type="checkbox"/> DIVISION _____ | | | |

APPROVAL BY DEAN/DEPT HEAD _____ / /
(No substitutes) Signature Date

HRS AGREEMENT

HRS contains confidential, sensitive information on persons employed by Oklahoma State University and the A&M institutions. Such information should remain confidential and should only be used for work-related purposes. User identification numbers, operator ids and passwords are also considered confidential information. Employees are not authorized to release this information to anyone, including co-workers. Writing a user identification number, id and/or password on a readily accessible location shall be considered release of this information and is not permitted. Information contained in HRS should not be released to sources outside of Oklahoma State University or to co-workers unless such is part of the employee's job description. Use of HRS is for job-related purposes only. HRS should not be used for personal use.

I have read and understand the statement above and agree to comply with the policies contained in this agreement. I understand failure to comply can result in disciplinary action, including termination.

Signature of User _____ Date ____/____/____

(For office use only) Date of Training _____ Access Granted by _____ Date ____/____/____

INSTRUCTIONS FOR COMPLETING THE ACCESS REQUEST FORM

APPLICANT INFORMATION

For the individual applying for access, type or print the name, position, department, campus address, e-mail address, telephone number, employee CWID number (if known) and SCT operator ID number (if known) in the spaces provided. If an SCT operator ID number is not known, leave it blank. The HR department can verify if one exists or submit a help ticket to establish an SCT operator ID number.

REQUESTED ACCESS

Mark the system(s) to which access is requested, the level of access for each system (department, division), and the type of access for each (view, input, approve). Access will not be granted until training on each system (HRS SCTP and TIME INPUT has been completed. Call Training at 744-5374 or HR at 744-5759 for the next available class. An Administrative Officer of the College/Division may request a waiver of training and assume responsibility for training the user. If the Administrative Officer is assuming responsibility for training, s/he completes the information on the bottom of this page.

DEPARTMENT level will allow access to data for all employees within a given department. **DIVISION** level will allow access to data for all employees within a given college/division. Beside each department and division level request, write the department or division number. For example, if the individual needs access to data for all employees of the College of Arts and Sciences, **DIVISION** level should be checked and the college/division number for the College of Arts and Sciences should be entered on the form.

Access to **HRS** (SCTP) screens is view access only. In case of the unusual circumstance in which your position requires you to code information on this system, please contact Human Resources.

Access to **HRS e~Print** provides for viewing HRS reports in the e~Print HRS Production Repository. Users may have access to HRS e~Print without access to HRS On-line or access to HRS On-line without access to HRS e~Print. The same department or division access list will be used for both HRS On-line and/or HRS e~Print.

Access to the **TIME Input** screens allows access to view information that is input to HRS by batch uploads. This system establishes a paperless environment by which payroll information (Labor Distribution) can be transmitted to Payroll Services by departmental staff.

APPROVAL BY DEAN/DEPT. HEAD

Form must be signed and dated by the individual's dean or department head. No substitutions are allowed.

HRS AGREEMENT

Before HRS access will be granted, the individual requesting access must read, sign and date the **HRS Agreement** indicating s/he will comply with the policies stated in the Agreement.

Questions? Call Bob Schreiber, (405) 744-5759, or e-mail bob.schreiber@okstate.edu.

ADMINISTRATIVE OFFICER'S AGREEMENT TO ASSUME TRAINING RESPONSIBILITY

I agree to assume responsibility for training _____ on the HRS SCTP and/or Time Input screens prior to releasing password information, including monthly confirmation documentation procedures for ledger 4 and 5 accounts (if applicable), so that the individual can gain access to the system.

Administrative Officer's Signature

Date