

# **Business System Access Request Form**

Human Resources Systems

## This form is to be completed for NEW ACCESS or CHANGE TO ACCESS, for HR systems

	Complete all details including	g authc	risation a	nd s	submit v	via the	<u>MyIT App</u>	<u>licatioi</u>	<u>n Se</u>	IVIC	e nec	<u> </u>		
Name:					Empl	oyee ID	Number:							
Faculty:					Scho	ol/Branc	h:							
Extension Nbr:					Emai	Email Address:								
Classification:					Local Title:									
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○ Change Access □			o Suspe	Suspension From / / to					1	1				
o Rem	ove Access													
Is access	required to Production? YES / NO				If no, pl required		te the enviro	nments	s that	acce	ess is			
Are you replacing an existing user in your School/Branch? YES / NO				If yes, p	lease pr	ovide the pr	evious (	users	nam	ne:				
	n (briefly explain why the access is required):													
System	Role	Select neede		S	ystem	Role						Select		
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Doc: Human Resources System Access Request

Version: Version 2023 Page 1 of 2

#### **Access and Usage Agreement**

I acknowledge that by gaining access to the University Management Information System/s I will have access to information confidential to the University in relation to its staff (both present and past), students (both present and past) and affiliates (both present and past). I understand that I must not disclose or make use of that confidential information obtained by me at any time, including after access is discontinued, except in the proper course of my duties. In particular, I undertake not to use any confidential information gained by virtue of my access with the intent of securing a benefit for myself, any other person, company or future employer. I further undertake not to use any information confidential to the University in any way without the consent of the University.

I accept that any breach will lead to disciplinary action being taken against me. I understand and accept that disciplinary action can include dismissal from my employment.

I acknowledge that I will be given a username and password for access to the University's Business Systems and that I will not divulge these to any other person/s or party.

I agree to advise the appropriate Systems Administrator/s of any changes in my role, which may affect my approved access to these

<u>User</u> User's Name	Signature	Date
Manager/Supervisor Approval Name	Signature	Date

### OFFICE USE ONLY

Row Level:

#### Roles assigned:

Role	Security Role	Role Assigned
HR Advisory	UOA_HC_HR_ADVISOR	
HR Global Mobility COE	UOA_HC_GLOBAL_MOBILITY	
HR Operations	UOA_HC_RECRUIT_APPOINT	
HR Remuneration COE	UOA_HC_REMUNERATION_COE	
HR Service Centre	UOA_HC_SERVICE_CENTRE	
HR Service Centre Team Leader	UOA_HC_SERVICE_CENTRE_LEADER	
HR Talent Acquisition	UOA_HC_RECRUIT_APPOINT_RO	
Payroll & Benefits Officer	UOA_HC_LIFECYCLE_HEO4	
Senior Payroll Officer	UOA_HC_PAY_FINALISATION	
Training Administration	UOA_HC_ADMIN_TRAINING	
HR View Only	UOA_HC_HR_VIEW	
HR Shared Services/Manager Audits	UOA_HC_SHARED_SERVICES	
ITDS Help Desk	UOA_HC_ITS_HELP DESK	
HR Application Specialist	UOA_HC_SOS	
BI Developer	UOA_HC_NONHR_BI	
HR Reporting Specialist	UOA_HR_REPORTING_AND_SECURITY	
Other:		

Name of person co	nductina	changes
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Date:

Doc: Human Resources System Access Request

Version: Version 2023