



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

Complete all details including authorisation and give to HR Systems and Operations Support hr_sos@adelaide.edu.au

Name:	Employee ID Number:
Faculty:	School/Branch:
Extension Nbr:	Email Address:
Classification:	Local Title:
○ New Access	• Temporary Access From/ to/

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 Change Access 		o Suspensi	on	From	/	/	_ to	/	/	_
 Remove Access 										
Is access required to Production?	YES / NO		If no, please state the required for	he environr	ments th	nat acce	ess is			
Are you replacing an existing user YES / NO	in your School/Branch	?	If yes, please provid	de the prev	ious use	ers nam	1e:			
Justification (briefly explain why the acce	ess is required):									

		Access			
System	Role	Enquiry	Update	Reports	
PeopleSoft	User List Coordinator				
	Non HR User				
	CAPS Casual Coordinator				

System	Access	Required
PageUp	Hiring Coordinator	
	Faculty Head	

Organisation Security L	Faculty/School/Dept/Area	
o All		
 Faculty/School 		
 Discipline/Department/Area 		

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 system/s.

Signature	Date			
Area Approval – Head of School/ Branch				
Signature	Date			

OFFICE USE ONLY

Row Level:

Roles assigned:

Name of person conducting changes:

Date: