**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 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: |

|  |  |  |  |
| --- | --- | --- | --- |
| o New Access |  | o Temporary Access | From / / to / /  |
| o Change Access |  | o Suspension | From / / to / /  |
| o Remove Access |  |  |
| Is access required to Production? YES / NO | If no, please state the environments that access is required for |
| Are you replacing an existing user in your School/Branch? YES / NO | If yes, please provide the previous users name: |
| Justification (briefly explain why the access 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 Level** | **Faculty/School/Dept/Area** |
| * All
* Faculty/School
* Discipline/Department/Area
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| --- |
| **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 pre sent 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. |
| **User**User’s Name | Signature | Date |
| **Area Approval – Head of School/ Branch** Name | Signature | Date |

**OFFICE USE ONLY**

# *Row Level:*

***Roles assigned:***

***Name of person conducting changes: Date:***