



Banner Human Resources Authorization

For access to Banner and to Web processes, complete and fax at **398-8287** (Shared Services).

Form may be filled in by printing clearly in ink, or by keying information in using a browser. **NOTE:** Banner and Web appointment training is mandatory in order to receive authorization and customer support.

Section 1 – Applicant

First name:

Last name:

Phone:

McGill ID:

Banner UserID:

Department:

Email:

Signature:

Date:

I understand that I may not use such personal and/or confidential information and/or documents in an unauthorized manner, and I may not misuse, divulge or subvert such information.

A) Banner client access. Briefly indicate what you need Banner HRIS access for. If you need an access identical to a co-worker, please indicate that co-worker's Banner UserID and name.

B) Web Appointment access on Minerva.

i) Choose your level at the University (check only one)

Dept-level ☐

Faculty-level ☐

VP Academic
approver ☐

HR Admin
approver ☐

Accounting
FOAPAL
Verification ☐

ii) Check desired type of access

Type of access	Academic	Admin. Support	Trades & Services	Acad. Students	Course Lecturer	Salaried Casual
Full appointment process (includes <u>all</u> processes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited access: Hires only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited access: FOAPAL maintenance only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited access: Appointment Status Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C) Organizations. Indicate the org units to which you require access:

00	00	00	00	00	00	00	00
00	00	00	00	00	00	00	00
00	00	00	00	00	00	00	00957

Section 2 – Approval from Department head or Faculty-level head (all fields are required)

First name:

Last name:

Phone:

McGill ID:

Email:

Department:

Date:

Signature:

Section 3 – Human Resources Approval (for HR use only – DO NOT WRITE IN THIS SPACE)

Course(s) attended:

☐

Registered to listserv :

☐

Granted HRIS Classes:

BSX (Imaging) Groups:

Employee Confidential Views:

☐

Approver's stamp or signature, with date: