Human Resources Access Request Form
University of Massachusetts - Amherst

Name _____ Emp ID# _____ Email Address _____
    Last, First, MI   *8-digits*

Employee Job Title _____ Full Name of Employing Department _____

Campus Address _____ Campus Phone # _____
          Rm# & Building Name

Employee Type: UMass Staff/Faculty ☐   UMass Student ☐   Temp/Consultant ☐

If Access is temporary, enter the dates when it should begin and end: Begin _____   End _____

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1. Do you currently have access to PeopleSoft Human Resources (HR), Financials (FS) or Student Administration (SA) system(s)?

    ☐ NO   ☐ Yes _____
                          Operator ID

    NEW USERS

    - must sign a **Computing Awareness & Data Security Compliance Statement** which is available on the web at: https://www.umassp.edu/employee-center/resource/computer-awareness-data-security-statement-0. Attach the signed Statement to this Access Request Form.

    - Attend training prior to receiving an Operator ID and Password. Call 545-2119 for training information.

2. Briefly describe why you need access to Human Resources (HR) data: _____

3. Type of HR access needed (*check all that apply*) :

    View/Inquiry ☐   Student Hire ☐   Timekeeping ☐   OIT/TelCom/Police ☐

4. If requesting **View/Inquiry**, list the **DEPT IDs** you need access to: _____

5. If requesting Timekeeping, list the **GROUP IDs** for which you will be entering time: _____

Access Responsibilities & Signatures

Department Head - I authorize the above-named employee to have HR access for the purposes of fulfilling his or her job responsibilities. In the event the individual leaves the employ of my department, I understand that I must promptly notify Human Resources so the access can be terminated immediately.

Authorized and Approved by: _____   _____
                                         Department Head Signature   Date

Employee -   The PeopleSoft Human Resources Management System (HRMS) is to be used solely by those who are granted access, for the purpose of conducting official University business and performing assigned job duties. It is the responsibility of those who are given HRMS access, to read and comply with the University's Fair Information Practices Regulations (FIPR): http://www.umass.edu/humres/fipa.htm

Employee Signature -   I accept responsibility for maintaining the confidentiality of the data which I am authorized to view/update and understand that my HRMS Operator ID/Password may not be shared with anyone else. Violations of FIPR may result in suspension and/or termination from employment with the University.

_____   _____
          Employee Signature   Date

Send completed form to: HR Data Custodian, Division of Human Resources, 330 Whitmore Building.
(Faxed copies are not acceptable)

HR Data Custodian Approval (Signature): _____   Date _____

I/mp/ps/forms/HRAccessTemplate: 02/05/08