

**Office of Human Resources**  
9501 S. King Drive/ADM 203  
Chicago, Illinois 60628-1598  
Tel. 773.995.2040  
Fax 773.995.2942

**Human Resource System Security Request Form**  
(TO BE SUBMITTED PRIOR TO TRAINING)

**User Information** Date: \_\_\_\_\_

**Note:** The user is the person for whom system approval/review access is being requested.

Please check one:  New User     Change to Profile     Delete User  
User Is:  Faculty     Administrator     Civil Service     Temporary Until: \_\_\_\_\_

\_\_\_\_\_  
Name (Last, first, middle initial) University ID (UID)

\_\_\_\_\_  
Department Job Title

\_\_\_\_\_  
Location Phone Extension CSU E-mail address

**PLEASE CHECK ACCESS TO BE CHANGED:**

**EMPLOYEE CLASS(ES):**

	ADD	REMOVE		ADD	REMOVE
Administrator			Faculty-Tenure/Tenure-Track		
Civil Service			Faculty- Full-Time Lecturer		
Extra-Help			Faculty- Part-time Lecturer		
Temporary Administrator			Faculty- Unpaid Faculty		
Student			Graduate Assistant		
Unpaid Employee					

**DEPARTMENT/TIMEKEEPING ORGS -- List all that apply (For grants list the fund that corresponds to the org)**

ORG	ADD	REMOVE	ORG	ADD	REMOVE

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**PeopleAdmin**

Role	Add	Remove
PI/Proxy		
Hiring Manager		
Dept. Chair/ Dept. Head		
Dean/Director		
Supervisor		

**Enrichment Center**

Assignment Group	Add	Remove
Fiscal Officer		
President's Executive Council		

*Fiscal Officer Information (if different from User listed)*

Name (Please Print): \_\_\_\_\_

Phone Extension: \_\_\_\_\_ CSU E-mail address \_\_\_\_\_

**REQUIRED:**

Fiscal Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Administrative Use Only:</b>	Date received: _____
Action taken _____	Date _____ Init. _____
Action taken _____	Date _____ Init. _____
Action taken _____	Date _____ Init. _____
Action taken _____	Date _____ Init. _____