



**Section A - Employee Information:**

Name: \_\_\_\_\_ \*EmplID: \_\_\_\_\_  
*Last First Middle* *\*Not HR ID*

Office Phone: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Department: \_\_\_\_\_

**Campus Location:**       Hampton                       Historic Triangle  
                                  Southeast H.E. Center               Toano Trades Center

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

**Section B- Employee Status:**       Faculty       Staff (Full-time)       Staff (Part-time)  
    Temporary\*       Work-Study\*       Consultant\*

\*If access is being requested for a Temp Employee, Work-Study, or Consultant, please indicate date access should be removed: \_\_\_\_\_

**Section C - Account Type:**       Add New User       Update Existing User       Delete User

**Section D- SIS/HRMS Security Access Information: (Please indicate one of the following)**

Please assign employee the following copyID (Indicate the copyID, if known):

\_\_\_\_\_

Security must be the same as others in this department or as a previous employee in this position. Provide name of other employee: \_\_\_\_\_

**Section E- Navigate access Information: (Please indicate one of the following)**

Security must be the same as others in this department. Indicate the copyID, if known, and/or provide name of other employee in department: \_\_\_\_\_

Security must be the same as previous employee in this position (provide previous employee name): \_\_\_\_\_

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Data Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Data Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Data Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_