



The Peninsula's Community College

PeopleSoft SIS/HRMS Access Request Form

Section A - Employee Information:

Name: Last First Middle *Emplid: (* Not HR ID)

Office Phone: Title/Position:

Department:

Please circle Campus Location:

Hampton Historic Triangle Southeast Center Discovery Center

Supervisor Name: Supervisor Phone:

Section B - Employee Status: (Please circle employee status)

Faculty Staff Temporary Work-Study Consultant Full-time Part-time

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

Section C - Account Type: (Please circle one of the following)

Add New User Update Existing User Delete User

Section D - 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. 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 (give previous employee name):

Employee Signature: Date:

Supervisor Signature: Date:

Data Owner Signature: Date: