

The University of Rhode Island PS HRA Security Form

When completed, forward to Paula Murray, Human Resources Building, Room 123, Fax: 874-5530

Employee Name*: _____

Date: _____

Job Title*: _____

Email: _____

Dept Name*: _____

User ID*: _____

New User Access ____ Change User Access ____ Delete User Access ____ Empl ID*: _____

* Required Fields

For the following check Add/Remove and indicate 4-digit department number(s) to add/delete HR USE ONLY

Job Function	Add	Remove	Department #(s)**	Date Training Completed	Effective Date of Change
Dept Manager				-----	
Hire Student Employees					
Hire Graduate Assistants					
Hire Internal Employees					
Manager Reporting				-----	

**List Additional Dept #'s here _____

For the following do same as above AND check type of access to add/delete (S=Student, I=Internal, A=All)

Employees may have either Time Approval OR Time Reporting, not both.

Type		
S	I	A

Time Approval								
Time Reporting								

Roles for Administrative Offices Only:

Job Function	Add	Remove	Job Function	Add	Remove
Check Reconciliation			HR System Administrator		
Financials Office			WorkComp & Unemployment		
Budget Administrator			Payroll Administrator		
Budget Job Data Correction			Payroll Clerk		
Budget Position User			Recruit Workforce Admin		
Budget User			Recruit Workforce Recruiter		
Enrollment Services			Affirmative Action Mgr		
Enrollment Services Checklist			Affirmative Act User1		
Enrollment Services Job Data			Candidate's Travel Exp		
Foundation User			Directory Update		
Graduate School			Provost Office		
HRA Hire Internal			Research Office		
HRA Manager			Campus Access Office		
Budget Notification Role			Parking Services Access		

Supervisor (Print): _____

Supervisor Signature: _____ Date: _____

HR USE ONLY

Row Level Security _____	Approved _____
--------------------------	----------------