



Human Resources System Responsibilities Access Request

ADD

CHANGE

DELETE

Employee Temporary Student Consultant _____ Other _____
(company name)

TO BE EFFECTIVE: Beginning date: ___/___/___
Ending date: ___/___/___ OR check if regular staff

User Information:

Name: Last _____ First _____ Middle _____

Mail Code: _____ E-Mail: _____ CALTECH ID#: _____

Phone Ext.: _____ FAX: _____

Department: _____

Department Supervisor: _____ Phone Ext.: _____

Group 1

		YES	NO
HR Administrator	includes ZOOM to Labor	<input type="checkbox"/>	<input type="checkbox"/>
HR Benefit Billing	includes ZOOM to Labor	<input type="checkbox"/>	<input type="checkbox"/>
HR Gen	includes ZOOM to Labor	<input type="checkbox"/>	<input type="checkbox"/>
HR Mail Services	includes ZOOM to Labor	<input type="checkbox"/>	<input type="checkbox"/>
HR Mgr	includes ZOOM to Labor	<input type="checkbox"/>	<input type="checkbox"/>
HR Person Delete	includes ZOOM to Labor	<input type="checkbox"/>	<input type="checkbox"/>
HR Pysl Administrator	includes ZOOM to Labor	<input type="checkbox"/>	<input type="checkbox"/>
HR Pysl Process	includes ZOOM to Labor	<input type="checkbox"/>	<input type="checkbox"/>
HR Sr	includes ZOOM to Labor	<input type="checkbox"/>	<input type="checkbox"/>
HR View		<input type="checkbox"/>	<input type="checkbox"/>
HR FinGroup View		<input type="checkbox"/>	<input type="checkbox"/>
HR Registrar		<input type="checkbox"/>	<input type="checkbox"/>
HR Bursar		<input type="checkbox"/>	<input type="checkbox"/>
Web Applications:			
Performance Evaluation – System Administration		<input type="checkbox"/>	<input type="checkbox"/>
Annual Salary Increase – HR Administration		<input type="checkbox"/>	<input type="checkbox"/>
Annual Salary Increase – System Administration		<input type="checkbox"/>	<input type="checkbox"/>

Group 2

HR FPSO		<input type="checkbox"/>	<input type="checkbox"/>
HR FRO		<input type="checkbox"/>	<input type="checkbox"/>

Group 3

HR Grad		<input type="checkbox"/>	<input type="checkbox"/>
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REQUESTED BY: _____ Phone Ext. _____

(please print name)

APPROVED BY: Carolann Icasiano (Group 1), or Stacey Scoville (Group 2), or Joseph Shepherd (Group 3)

Signed: _____ Dated: _____