



HRMS PEOPLESOFT OPERATOR ID REQUEST

This two page form must be completed in full and all signatures are required for all Operator ID access actions. Upon confirmation that your access is sufficient, you will be granted access. The Supervisor and Institution Security Officer should retain a copy of this form. Email lctcs@sparkhound.com for security related issues. The Institution Security Officer should fax this completed form to:

Regions 1 – 9 - Margaret Webb mwebb@lctcs.edu Fax# (225) 922-1094

FTCC, RPCC, LDCC, SLCC, NCC, STCC – Lura Kamiya lkamiya@lctcs.edu Fax# (225) 922-2813

Please Check All That Apply:

<input type="checkbox"/> New Operator ID	<input type="checkbox"/> Modify Existing Access	<input type="checkbox"/> Delete Operator ID	<input type="checkbox"/> Temporary Operator ID End Date: _____
<input type="checkbox"/> SA7PRD (HR Production)	<input type="checkbox"/> HRTST (HR Test)		

Employee Information:

Name (Please Print):	First:	M:	Last:			
Institution /Campus:			Region #:	<input type="checkbox"/> Run Queries Only	<input type="checkbox"/> Create & Run Queries	
Job Title:			Work Telephone:			
E-mail Address:			Employee ID (Required):			
Operator ID (If not New):						

Below you will find a list of the available security profiles. Each user will be limited to only the security profiles that will perform his/her assigned duties. Please check the appropriate choices.

<u>Human Resources</u>		<u>Payroll</u>	<u>Budget Encumbrance</u>
<input type="checkbox"/> @HRMSINQ HR Inquiry – View Only	<input type="checkbox"/> #HRSETUP HR Setup	<input type="checkbox"/> @PAYINQ Inquiry – View Only	<input type="checkbox"/> @BUENCIN Inquiry – View Only
<input type="checkbox"/> @HRNEW New Hire	<input type="checkbox"/> @HRCTRPT All HR Reports	<input type="checkbox"/> @HRTIME Time Entry	<input type="checkbox"/> @BUENCUP Maintenance – Update/Display
<input type="checkbox"/> @HROWNER Corrections	<input type="checkbox"/> @HRCUSTR HR Custom Reports	<input type="checkbox"/> @PAYRPTS Reporting – Restricted	<input type="checkbox"/> @HRBEQRY Query – Budget Encumbrance
<input type="checkbox"/> #HRAWCOR Administer Workforce Correction	<input type="checkbox"/> @HRLEAVE HR Leave/Corrections	<input type="checkbox"/> @PYPRINQ Payroll Processing Inquiry	<input type="checkbox"/> @BUSENC-Budget Encumbrance – Add/Correction
<input type="checkbox"/> @HRRPTS Reporting Restricted	<input type="checkbox"/> @HRTRANS HR Transaction Processing	<input type="checkbox"/> @PAYPROC Payroll Processing	<input type="checkbox"/> #BENOACC Budget Encumbrance No Acct.
<input type="checkbox"/> @HRPMUPD Position Management	<input type="checkbox"/> @HRPMCOR Position Management Correction	<input type="checkbox"/> @PYOWNER Corrections	

Human Resources Cont.	Payroll Cont.
<input type="checkbox"/> @HRQUERY Query – HRMS <input type="checkbox"/> Run Only <input type="checkbox"/> Create	<input type="checkbox"/> @PYQUERY Query – Payroll <input type="checkbox"/> Run Only <input type="checkbox"/> Create
<input type="checkbox"/> #HRCMPRT Compensated Leave Report	<input type="checkbox"/> @PAY Pay
<input type="checkbox"/> @BOWNER Benefits Management	<input type="checkbox"/> #PAYSINQ Payroll Setup Inquire

REQUIRE SPECIAL APPROVAL....

<input type="checkbox"/> @NVALL - NVision Users	<input type="checkbox"/> @TREMNT – Tree Manager	<input type="checkbox"/> #ANALYST – Programmer - IT ONLY	<input type="checkbox"/> @AUDITOR– Auditor Inquiry Only	<input type="checkbox"/> db_datareader - Auditors Only Read Only Access-SQL Database
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FOR DB_DATAREADER ACCESS TO SQL DATABASE, QUERIES CAN ONLY BE RUN BEFORE OR AFTER NORMAL BUSINESS HOURS (8AM- 5PM – NORMAL BUSINESS HOURS)

Authorization to Assign PSOPERID

Departmental Approvals:

Confidentiality Statement

I understand that data obtained from any LCTCS system is to be considered confidential and to NOT be shared with anyone not previously authorized to receive such data.

I understand that my PSOPERID is my personal identification and provides permissions to valuable data and automated resources. My PSOPERID is not to be shared with any other employee. As the owner of a PSOPERID it is my responsibility to protect the resources I have been permitted by protecting the confidentiality of my password. I understand that any use of my unique PSOPERID is monitored and that I am accountable for how it is used.

Should you need to call for assistance with your PSOPERID you may be requested to provide additional information to confirm that you are the PSOPERID’s true owner. Please fill in the following information, which will be used for that confirmation:

Mother’s Maiden Name (Please Print Clearly): _____

Father’s First Name (Please Print Clearly): _____

Employee Signature: _____ **Date:** _____

Supervisor Info:

Name:

First: _____ Last: _____

Signature: _____ **Date:** _____ **Telephone:** _____

Institutional Security Officer

I verify that the individual whose name appears on this form is currently employed at the institution named above. I also authorize this employee to have the access indicated on this form. I understand that should this person leave the institution or be assigned to another position that I am to contact the LCTCS Security Administrator within one working day of the employee's change in status. I verify that all information on this form is accurate and complete.

Name (Please Print):

First _____ Last _____

Title: _____ Telephone: _____

Signature: _____ **Date:** _____

HR Functional System Owner(s):

Name: Lura Kamiya: Signature: _____ Date: _____

LCTCS Security Administration Use Only:

Actions Taken: _____ Operator Id Assigned: _____

Primary Level Security: _____ Row Level Security: _____

Signature: _____ **Date:** _____