

PeopleSoft HCM Access Request Form – Instructions

This form should be used to request new, modify existing or remove PeopleSoft HCM user accounts. Please select the minimum rights that you will need to perform your job duties. You may not request rights in excess of the minimum. In addition, Department Administrators or their designees are required to revoke the privileges of employees who transfer out of their department or whose job duties no longer require PeopleSoft HCM access. New users will be provided with set up information after set-up and/or required training is completed. *A separate form will need to be completed for each pay group that you will need access to.*

Print and complete sections 1, 2 and 4-6 on the Access Request Form. Section 3 is only to be completed for special circumstances under the direction of LCIS. Forward the signed original form to LCIS One Government Center Suite #400, Toledo, OH 43604 or Fax to 419-213-4024 or email to lcishelpdesk@co.lucas.oh.us.

Form Instructions

Section 1: Employee Information

Enter your First Name, Middle Initial, and Last Name; enter your department name and the address. Enter your contact information, which includes the department phone and fax numbers where you may be reached. Enter your Title/Position.

Section 2: HCM Modules (Access requested)

Place a check mark in the Yes box next to each module that you require access to. If you're unsure if you need access, contact your Department Administrator. Employee Roles: Review the matrix below for a list of functions by module.

	Module/ Functionality	Functional Authority	
		Inquiry/ View Only/ Run Reports	Maintain/ Update/ Save Data/ Approve Time/ Run Reports
Time & Labor Professionals will have access to these modules.	Time & Labor	NO	YES
	Payroll	YES	NO
	Human Resources	YES	NO
Human Resources Professionals will have access to these modules.	Human Resources	NO	YES
	Time & Labor	YES	NO
Benefits Professionals will have access to Benefits Inquiry only.	Benefits	YES	NO
Director/Manager will have access to these modules.	Time & Labor	YES	NO
	Payroll	YES	NO
	Benefits	YES	NO
	Human Resources	YES	NO

Section 3: Special Employee Security Access

This section is to be used by Office of Management and Budget Employees Only under the direction of LCIS.

Section 4: Employee Signature and Acknowledgement

Read the acknowledgment stating that you are an authorized user based on your job duties, responsibilities and the need to know. You also acknowledge that you will not share your user ID or password and that you agree to follow Lucas County's public records request policy. Sign, date and include your title on the lines where indicated.

Section 5: Employee's Department Administrator or Manager Signature

The employee's Department Administrator will fill in his/her printed name, date, phone number and signature to authorize this security request.

Section 6: Department Director or Elected Official Signature

The agency's Director or Elected Official will fill in his/her printed name, date, phone number and signature to authorize this security request.

If you have any questions, please contact the LCIS Help Desk at 419-213-4037 or email kschnitkey@co.lucas.oh.us.

PeopleSoft Human Capital Management (HCM) Online Access Request Form

Instructions: Print and complete sections 1, 2 & 4-6 below. Section 3 is only to be completed for special circumstances under the direction of LCIS. Forward signed original to LCIS (One Government Center Suite 400 or Fax 419.213.4024). New users will be provided with sign on information after set-up and/or required training is completed.

1. Employee Information				
First Name	Middle Initial	Last Name	Title / Position	
Department/Agency Name		Work Address		
City	State	Zip Code	Work Phone Number	Work Fax Number

2. PeopleSoft Human Capital Management Modules (check specified modules requesting access)					
Human Resource Module			Time and Labor Module		
Yes	No	Authorization	Yes	No	Authorization
		Maintain/Update/Save Data/Run Reports			Maintain/Update/Save Data/Approve Time/Run Reports
		Inquiry/View Only/Run Reports			Inquiry/View Only/Run Reports
Benefits Module (Audit & Billing)			Director/Manager Access (Report & Inquiry)		
Yes	No	Authorization	Yes	No	Authorization
		Inquiry/View Only/Run Reports			Inquiry/View Only/Run Reports For: Time and Labor, Payroll, Human Resources, Benefits, Job Data, Personal, Salary and History Info for all employees

3. Special Employee Security Access (included, but not limited to multi agency access)		
ie. OMB, Driver's License, etc.		DESCRIBE YOUR ROLE → → → →
Yes	No	Authorization
		Inquiry/View Only/Run Reports

4. Employee Signature	
<p>You acknowledge that you are an authorized user based on your job duties, responsibilities, and the need to know. You understand that specific employee data is protected under privacy protection acts of the state and federal government.</p> <p>In order to protect the integrity and data within the system, you are responsible to safeguard your user ID and password. You are not permitted under any circumstances to share your user ID and password with anyone. Sharing this information with unauthorized users will result in revocation of access to the PeopleSoft HCM system.</p> <p>In the event that there is a request for public information specific to employee data, all public information requests must follow Lucas County's public records request policy. In other words, just because you have access to available reports and information, does not mean you are authorized to release the information.</p>	
Your signature below indicates you have read and understand the information stated in section 4	Date
Employee Signature	Title

5. Employee's Supervisor or Manager Signature	
<p>As the immediate supervisor, you acknowledge and authorize this security request. The access is granted to the employee based upon their job duties, responsibilities, and the need to know. You understand that specific employee data is protected under privacy protection acts of the state and federal government.</p>	
Print Name	Date
Supervisor or Manager Signature	Title

6. Department Director or Elected Official Signature	
<p>As the agency director/elected official, you acknowledge and authorize this security request.</p>	
Print Name	Date
Director or Elected Official Signature	Title