

Lucas County Oracle Cloud HCM Access Request Form

Lucas County Information Services

1 Govt. Center, Suite 400 Toledo, OH 43604

Phone: 419-213-4037

Applicant Responsibilities (Your signature below indicates acceptance of these responsibilities)

Access is restricted to Lucas County employees performing the official duties of their position. I will comply with the Lucas County Internet use policy. I will safeguard my user ID and password, I will not share with anyone. Sharing of this information will result in revocation of your access. All public records requests must follow Lucas County public records request policy.

Instructions

2. If you need access to an agency other than your own - enter that agency's name in the space provided. Secure approval signature from the other agency director.
3. Obtain Manager/Director approval. A user account will not be created or modified without the Manager/Director signature.
4. Email the completed form to lcishelpdesk@co.lucas.oh.us. Please allow up to one week for the changes to take effect. Expedited requests will be handled on a case-by-case basis.

Section 1: User Information

Model This User After:

First Name:	MI:	Last Name:
Agency Name:	Address:	
Phone:	Email:	
Notes:		

Section 2: Agency Roles		Other Agency Access	Add	Remove	Add	Remove	Add	Remove
Time & Labor - Agency Payroll		<input type="checkbox"/> Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Run Reports	<input type="checkbox"/>	<input type="checkbox"/> Run Payroll Reports	<input type="checkbox"/>
Human Resource		<input type="checkbox"/> Specialist/Recruiting Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Run Reports	<input type="checkbox"/>		
Budget		<input type="checkbox"/> Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Run Reports	<input type="checkbox"/>		
Hiring		<input type="checkbox"/> Manager Review	<input type="checkbox"/>	<input type="checkbox"/>				
Specialized Roles (may require additional authorization)								
Human Resource - County wide		<input type="checkbox"/> Specialist/Recruiting Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Run Reports	<input type="checkbox"/>		
Payroll Dept. - County wide		<input type="checkbox"/> Administrator, Manager and HR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Run Reports	<input type="checkbox"/>		
Time and Labor - County wide		<input type="checkbox"/> Administrator, Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Run Reports	<input type="checkbox"/>		
Benefits Dept. - County wide		<input type="checkbox"/> Administrator, Manager and HR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Run Reports	<input type="checkbox"/>		
OMB - County wide		<input type="checkbox"/> Specialist HCM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Run Reports	<input type="checkbox"/>		
		<input type="checkbox"/> Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Worker's Comp/ Unemployment	<input type="checkbox"/>	<input type="checkbox"/> FMLA	<input type="checkbox"/>

LCIS Roles		Add	Remove	Add	Remove
IT Security	<input type="checkbox"/> Manager	<input type="checkbox"/>	<input type="checkbox"/>		
Technical	<input type="checkbox"/> Functional User Roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Seeded Roles	<input type="checkbox"/>
Technical	<input type="checkbox"/> HCM Bulk-Load Security Data	<input type="checkbox"/>	<input type="checkbox"/>		

Section 3: Acknowledgement & Signature

Employee Signature & Date: _____ **Date:** _____

As the manager/director of this employee, I authorize the access indicated above and I understand that any changes to this access will require additional written approval. Access requested is based on the official duties of their position.

Manager/Director/ Name Printed: _____ **Phone:** _____

Manager/Director Signature & Date: _____ **Date:** _____

Note: Employees that request access to another agency's documents/data within Oracle are required to obtain appropriate signatures from the other agency's Director.

Other Agency Manager/Director Name Printed: _____ **Phone:** _____

Other Agency Manager/Director Signature & Date: _____ **Date:** _____