

## **PeopleSoft Access Request Form**

	Departmental Rec	uest for User Access		
<b>Deliver To:</b> Lynette Chaudo	oin, Mosaic HCM Project, UITS, Bld	g 73 , Fax: 626-7887, Email: LCl	HAUDOI@EMAIL.ARIZONA.EDU	
☐ New Access Request	☐ Change/Update Access	e/Update Access		
User Information				
Name:		EID:	EID:	
Email:				
Department Name:		Building:		
Date Access Required:		Date Access E	Date Access Expires:	
System Access Agre	ement:			
	are aware of their legal and ethi tem is required to sign the follow		yee provided with access to	
business; to respect the co restrictions that apply to the access, use or disclosure of in any medium, except as it PeopleSoft system for my		duals whose records I access to abide by applicable laws of er that I may not disclose or of es, and that I may not access the personal gain or profit of of	s, to observe any ethical or policies with respect to distribute data from PeopleSoft or use any data in the	
Employee Signature:		Date:		
Dean/Director/Dept Head:_				
Title:	tle: Email:			
Signature:		Date:		
System Control Use	Only:			
Login ID:		Password:		
System Administrato	r	Date:		

Please check the appropriate boxes to request specific access to the PeopleSoft HRMS/Payroll system

Benefits Roles	Commitment Accounting Roles	
☐ UA Employee Self Service	☐ Commitment Acctg Power User	
☐ Benefits Team Member	☐ Commitment Acctg View User	
☐ Benefits Power User	Time and Labor Roles	
☐ Benefits Super User	☐ Time Administrator	
Payroll Roles	☐ Time Approver	
☐ Payroll Garnishment User	☐ Time Approver Interface	
☐ Payroll Accountant	☐ Time Coordinator	
☐ Payroll Lead	☐ Time View Only User	
☐ Payroll Super User	<b>Workforce Administration Roles</b>	
☐ Payroll User	☐ Workforce Admin Position Xref View	
☐ Pay Request System	☐ Workforce Admin Power User	
☐ Create ☐ View	☐ Workforce Admin User	
☐ Pay Request Approval	☐ Workforce Admin View Only User	
Query Access		
☐ Query Run Only Access		
☐ Create Query Access		
Dean/Director/Dept Head's Signature	Date:	