

CALIFORNIA INSTITUTE OF TECHNOLOGY
Human Resources System Responsibilities Access Request

ADD <input type="checkbox"/>	CHANGE <input type="checkbox"/>	DELETE <input type="checkbox"/>
Employee <input type="checkbox"/>	Temporary <input type="checkbox"/>	Student <input type="checkbox"/>
Consultant <input type="checkbox"/>	Other _____ (company name)	
TO BE EFFECTIVE: Beginning date: ___/___/___		
Ending date: ___/___/___ OR check if regular staff <input type="checkbox"/>		
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 Pyrl Administrator includes ZOOM to Labor	<input type="checkbox"/>	<input type="checkbox"/>
HR Pyrl 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: Sandy Karhu or Nicole Sanders (Group 1) or Stacey Scoville (Group 2) or Joseph Shepherd (Group 3)

signed: _____ dated: _____