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|  | <h2 style="color: green;">iRattler Access Request Form</h2> | Receipt Date |
| | | User Profile |

Please do not complete sections that have been grayed out. If you require additional assistance, please contact Organizational Development and Training (ODT) 850.561.2048. **Note: * denotes required information**

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|--|-------------------------|------------------------------------|---|----------------------|
| iRattler Fundamentals: <input type="checkbox"/> | | Signature of Training Coordinator: | | Confirm Employment : |
| TO BE COMPLETED BY REQUESTER | | | | |
| 1. *Legal Name (Last, First, Middle) – | | 2. *Work Telephone | 3. *Primary Work Location (Building/Room #) | |
| 4. *iRattler EMPL ID#: | 5. *FAMU E-mail Address | 6. *Department Name | | 7. *Department ID |
| 8. *Job Title: | | | | |
| 9. I acknowledge that the information to which I may be granted access is the property of Florida A&M University and is to be kept confidential. I agree that I will not transfer the use of my User ID or Password to another person and acknowledge that any violation of security or transfer of my User ID or Password may result in disciplinary action which might include termination. By my signature below, I certify that I have read and understand this statement. | | | | |
| *User's Signature: | | | | *Date: |
| TO BE COMPLETED BY REQUESTER'S SUPERVISOR | | | | |
| 10. I understand it is my responsibility to review with the Requester the PeopleSoft pages to which he/she will have access, the confidential nature of information contained in these pages, and the consequences of violating confidentiality and/or transferring User ID and Password to another person. By my signature below, I certify that I have read and understand this statement. | | | | |
| *Supervisor's Printed Name: | | | | *Date: |
| *Supervisor's Signature: | | | | |
| *Supervisor's Work Location (Building/Room): | | | *Supervisor's Telephone #: | |

Human Capital Management System Access Request Section

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| TO BE COMPLETED BY THE END USER AND THEIR SUPERVISOR AND/OR RELEVANT HCMS MODULE TRUSTEE | | | | |
| 1. *Describe the Users Intentional Use within the HCMS (HR) Module: | | | | |
| 2. ***** Action Requested (Check Only One) <input type="checkbox"/> NO Extended Access Required <input type="checkbox"/> Add User/Access <input type="checkbox"/> Revise Existing Access <input type="checkbox"/> Delete Access | | | | Copy from USER ID <hr/> (If completed skip check boxes) |
| 3. What Department(s) will this user need to access (view) within the HCMS system (please enter both the name & the number- I.E. Office of the President – 010000) | | | | |
| 4. User Roles (Indicate which roles should be assigned) | | | | |
| RECRUITING ACCESS (SELECT ONLY ONE) | | | FACULTY ACCESS | |
| Recruiting Manager/Originator (FAM RC Manager) | <input type="checkbox"/> | Faculty Events Manager (FAM Faculty Events Mgr) | <input type="checkbox"/> | |
| Recruiting Job Authorizer (FAM RC Job Requisition Approver) | <input type="checkbox"/> | Faculty Events Administrator (FAM Faculty Events Admin) | <input type="checkbox"/> | |
| TIME AND LABOR ACCESS | | | MANAGER SELF-SERVICE | |
| Representative for Campus Departments (FAM T&L Personnel Representative) | <input type="checkbox"/> | Manager Self Service (FAM HR Self Service Manager) | <input type="checkbox"/> | |
| Approver (FAM T&L Approver) | <input type="checkbox"/> | | | |
| Time Certifier (FAM T&L Certifier) | <input type="checkbox"/> | | | |
| 5. Human Resource Administrator or Designee signature of approval: | | | Date approved: | |
| Printed Name: | | | | |
| Signature: | | | | |
| TO BE COMPLETED BY ITS PERSONNEL | | | | |
| 6. ITS SME signature of approval | | | Date Approved: | |
| 7. Request completed by ITS Security: | | | Date completed: | Notification date: |

User's Name

Financial System Management Access Request Section

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| TO BE COMPLETED BY REQUESTER AND THEIR SUPERVISOR | | | |
| 1. *Describe the Users Intentional Use within the Financials Module: | | | |
| 2. ***** Action Requested (Check Only One) <input type="checkbox"/> NO Extended Access Required <input type="checkbox"/> Add User/Access <input type="checkbox"/> Revise Existing Access <input type="checkbox"/> Delete Access | | | Copy from USER ID <hr style="width: 100%;"/> (If completed skip check boxes) |
| 3. Roles To Assign: ***** Please Check Only One Box Per Category ***** | | | |
| GRANT ROLES | | PURCHASING ROLES | |
| Grants – GM Dept. Administrator | <input type="checkbox"/> | Purchasing-PO Purchasing Requisition Approver | <input type="checkbox"/> |
| Grants – GM Principal Investigator | <input type="checkbox"/> | Purchasing-PO Purchasing Requestor | <input type="checkbox"/> |
| Grants - GM Dept Contact | <input type="checkbox"/> | | |
| 5. Financial Administrator's (or Designee's) signature of approval: Printed Name: Signature: | | | Date approved: |
| TO BE COMPLETED BY ITS PERSONNEL | | | |
| 6. ITS SME signature of approval | | Date Approved: | |
| 7. Request completed by ITS Security: | | Date completed: | Notification date: |

Campus Solutions Access Request Section

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| 1. *Describe the Users Intentional Use within the Campus Solutions (Student) Module: | | | | | |
| 2. ***** Action Requested (Check Only One) <input type="checkbox"/> NO Access Required <input type="checkbox"/> Add User/Access <input type="checkbox"/> Revise Existing Access <input type="checkbox"/> Delete Access | | | | | Copy from USER ID |
| 3. User's Security Access | | | | | |
| TO BE COMPLETED BY A STUDENT ADMINISTRATION TRUSTEE ONLY * (BASED UPON THE "JOB DESCRIPTION" ABOVE) | | | | | |
| Users Primary Permission List → | | | | | |
| PRIMARY ROLE(S) | | Action | SECONDARY ROLE(S) | | Action |
| | | | | | |
| -----ROW LEVEL SECURITY ----- | | | | | |
| ROW LEVEL | CODE | ROW LEVEL | CODE | ROW LEVEL | CODE |
| Academic Institution | | Admissions Action | | 3C Group Security | |
| Academic Career | | Application Center | | Service Indicator Security Place/Release | |
| Academic Program | | Program Action | | Service code and Reason | |
| Academic Plan | | Recruiting Center | | Enrollment Security | |
| Academic Organization | | | | Transcript Type Security ADV / OFF / UNOFF | |
| 4. Campus Solutions' Administrator (or Designee's) signature of approval: Printed Name: Signature: | | | | | Date approved: |
| TO BE COMPLETED BY ITS PERSONNEL | | | | | |
| 5. ITS SME signature of approval | | | | Date Approved: | |
| 5. Request completed by ITS Security: | | Date completed | | Notification date | |
| Submit completed request to Organizational Development & Training, [Perry Paige – Suite 105 (North), Tallahassee, FL 32307] email: (odtraining@famu.edu) Or Fax to (850) 412-7320 | | | | | |