

**The University of Oklahoma Health Sciences Center
Payroll/Budget End User Security Access Form**

Supply the information requested below including HR organization numbers and types of access required, name and signature of user's supervisor or department's authorizing agent and forward completed form to Financial Services via one of the following: **fax to 405-271-2057 or eCopy signed PDF form to Payroll-Services@ouhsc.edu**. The "Contact Person" will be notified when the user's access privileges have been granted.

User Creation ___ User Transfer ___ User Revision ___ (explain) _____ Effective Date _____

User's Name (Last, First): _____ Department: _____

User's Status: ___ OUHSC Employee HR ID # _____ ___ OUHSC Affiliate (Users not paid by OUHSC)

Primary Payroll Coordinator _____ Delegate Payroll Coordinator _____

If Delegate, list ORGS for both _____

Contact Person: _____ Phone: _____ Campus Mail Address: _____

HR Organization numbers user requires access to: _____

➤ **Check (below) each type of access this user requires but DO NOT SIGN in spaces designated for Budget or Payroll Office Signatures.**

⇒ **Sign form directly below as user's supervisor or department's authorizing agent only.**

As this user's supervisor or the department's authorizing agent, I hereby approve this request for user access privileges.

⇒ Name: _____ Signature: _____ Date: _____
Please Print

➤ **Budget Access** (Choose One Only)

___ Departmental Budget Formulator
Allows user to enter budget information and print worksheets for the department organization numbers listed above

___ Departmental/College Budget Formulator
Allows user to enter budget information and print worksheets for the department and/or college organization numbers listed above

As OUHSC Budget data owner, I hereby authorize the access privileges indicated above for the user identified herein.

Budget Office Signature: _____ **Date:** _____

➤ **Payroll Access** (A user can be assigned only ONE Departmental Payroll role and ONE Payroll eForm role)

___ Departmental Payroll Coordinator/Entry
Allows user to enter EOM or PPP payroll, view employee payroll data and print various reports for the organization numbers listed above

___ Departmental Payroll Coordinator/Approval
Allows user to approve EOM or PPP payroll, view employee payroll data and print various reports for the organization numbers listed above

___ Departmental Payroll Inquiry
Allows user to view employee payroll data and print various reports for the organization numbers listed above

___ Payroll eForm Dean VP Level Approval
Allows user to approve employee special payroll data and print various reports for the organization numbers listed above

___ Payroll eForm OU Physicians VP Approval
Allows user to approve employee special payroll data and print various reports for the organization numbers listed above

___ Payroll eForm Department Level Approval
Allows user to approve employee special payroll data and print various reports for the organization numbers listed above

___ Payroll eForm Department Level Entry
Allows user to enter employee special payroll data and print various reports for the organization numbers listed above

As OUHSC Payroll data owner, I hereby authorize the access privileges indicated above for the user identified herein.

Payroll Office Signature: _____ **Date:** _____

Application security access privileges granted by _____ Date _____

User ID: _____ Data permission list: _____