

The University of Oklahoma Health Sciences Center

TAL Security Change Form

Supply the information requested below for making changes to Supervisor or Payroll Coordinator access in the TAL system, obtain the required signatures and forward the completed form to Payroll Services at Payroll-Services@ouhsc.edu.

NOTE: WHEN EMPLOYEES TRANSFER OR TERMINATE THIS FORMS NEEDS TO BE COMPLETED TO REMOVE THIS ACCESS

User's Name (Last, First): _____	Department: _____
Employee ID: _____	Begin Date: _____
Contact Person: _____	Phone: _____

Supervisor Access Changes – This section is used to add/remove timesheet group access for a backup supervisor. *All supervisor delegations must be of higher authority than the employees whose timesheets they are approving.* Primary supervisor role changes will need to be handled via the ePAF system. **ATTACH RELATIVE ORGANIZATIONAL CHART TO THIS REQUEST FORM.**

Add Remove Timesheet Group(s): _____

Time Period Access is granted: From: _____ To: _____

⇒ **As the timesheet group(s) owner I hereby approve this request for user access privileges.**

Printed Name: _____ Title: _____

Supervisor Signature: _____ Date: _____

*** Department Head signature is also required at the bottom of this form.**

Payroll Coordinator Access Changes – This section is used to add/remove access for a Payroll Coordinator/backup Payroll Coordinator. **Users that are Departmental Payroll Approvers in PeopleSoft cannot also be setup as TAL Payroll Coordinators.**

Primary: _____ Delegate: _____

Add Remove HR Dept ID (s): _____

⇒ **As the department head, I hereby approve the above request for user access privileges. In addition, I affirm any supervisor delegation contained in this request is of higher level authority than the employees whose timesheets will be approved.**

Printed Name: _____ Title: _____

Department Head Signature: _____ Date: _____

For Payroll Services, Human Resources & Information Technology Use Only

Payroll Services (PC Access): _____ Date: _____

Human Resources (Supervisor Access): _____ Date: _____

Application security access privileges granted/removed by: _____