HR/Payroll

REQUEST FOR HR SYSTEMS ACCESS – CENTRAL OFFICE

| Employee/User Infor | mation | | | | | | | | | | |
|--|-----------------|--|--|--|---------|---------------------------------|------------------------------------|--|--|--|--|
| Last Name: | | First Name: | | MI: | | | | | | | |
| Department Number: | | Department/School Name: | I | Phone: | | СВ: | | | | | |
| Onyen | | | PID: | PID: | | | | | | | |
| Working Title: | | | Email Addr | Email Address: | | | | | | | |
| Position Number: | | | Position Cl | | | | | | | | |
| Name of person formerly in role: | | | | | | | | | | | |
| HR Access Requested | (check all that | apply) | | | | | | | | | |
| ConnectCarolina LawLogix I-9 Syst | | mplete Section A) Section B) | | opleAdmin <i>(Complete s</i> oPorte <i>(Complete Sect</i> | | | | | | | |
| Type of Access Reque | ested | | | | | | | | | | |
| Action Requested and Effective Date (select one) Add New Use effective: | | User Modify Existi | Modify Existing User: Add Role Remove Role effective: | | | Delete Existing User effective: | | | | | |
| Departments for Access: | All UNCC | ш | Other: | | | | | | | | |
| SECTION A – Connect | Carolina HR/Pa | ayroll (All roles require tra | ining prior to acc | ess being granted.) | | | | | | | |
| Academic Personnel Approver Co | | Equal Opportunity & Compliance | ☐ OHR | Benefits Processor | C | OHR Layoff Coordinator | | | | | |
| Academic Personnel User | | Equal Opportunity & Compliance Manager | ☐ OHR | Business Analyst - Ben | efits | | | | | | |
| ☐ Budget Office | | FacPhys Benefits Processor | ☐ OHR | OHR Business Analyst - Reporting | | | OHR Learning Management Super User | | | | |
| CA Business Analyst | | ☐ Internal Audit | ☐ OHR E | OHR Business Analyst - Senior | | | OHR Leave Manager | | | | |
| ☐ CA FacPhys | | ☐ ISSS | ☐ OHR (| Classification & Compe | nsation | OHR Leave Processor | | | | | |
| CA Labor Accounting Manager | | ☐ ITS Developer | ☐ OHR E | OHR EHRA Non-Faculty | | | OHR Orientation Specialist | | | | |
| CA Leave Desk Access | | ☐ ITS Java Apps Develop | oer | OHR Employee & Mgmt Relations | | | ☐ OHR Records | | | | |
| CA Payroll Reports | | Maintain Employee Co | redit | OHR Employee Verification | | | OHR Wellness Manager | | | | |
| CA Retro Journal Entry | | OHR Background Chec Coordinator | Ck OHR E | OHR Employment & Staffing | | | One Card Office | | | | |
| Commitment Accountant Su | | OHR Background Chec Supervisor | Ck OHRI | OHR I-9 Compliance Supervisor | | | OSR Approver | | | | |
| Employee Inquiry | | OHR Benefits Consulta | ant OHR I | OHR I-9 Coordinator | | | OSR Job Inquiry | | | | |

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|--|-----------|--|----------------------|-------------------------------------|---------|--------------------------|--|--|
| OSR User | | Payroll Lead | Payroll Supervisor | | | Summer School Approver | | |
| PAAT Administrator | [Ad | Payroll Multi-State/Tax | ☐ PID Office | | | TIM System Administrator | | |
| PAAT - View Only | | Payroll NRA Person | Post Doc Affairs | | | Other: | | |
| Payroll Business Analyst | | Payroll Processor | Senior Level HR View | | | | | |
| SECTION B – LawLogix I-9 Sys | | | | | | ogix. Access should be | | |
| limited to HR Representative Role Requested: | | ver possible. Role requires tr IR/I-9 Administrator | | access being grante ness Analyst | d.) | | | |
| | | | | | | | | |
| SECTION C – PeopleAdmin (Ij Number section under Type | | d historical department acce Requested.) | ess, please inclu | de those departmer | nt numb | ers in the Department | | |
| Academic Personnel | _ | | e HR Admi | HR Administration | | HR View Only | | |
| OHR EHRA NF Office | | IR Employment | OHR Employment Temps | | ☐ P | ost Doc Affairs Office | | |
| OHR Classification & Compensation | | | | | | | | |
| | | | | | | | | |
| SECTION D- InfoPorte Huma | ın Resour | ces | | | | | | |
| ☐ Employee Views ☐ Ev | | raluations | ☐ HR Payroll PAAT | | | Performance Management | | |
| Positions | | R Reporting | Requests | Requests | | ☐ Funding Report | | |
| | | | | | | | | |
| Central Office Unit: | | | | | | | | |
| Unit Manager: | | | | | | | | |
| Unit Manager Signature: | | | | Date: | | | | |
| DEPARTMENTAL SIGNATURI | | | 4 D - 4 | | | | | |
| Users cannot authorize their User Signature: | r own acc | ess. Proxy Signatures Canno | ot Be Accepted | Date: | | | | |
| Senior Director/Director Name: | | | | Title: | | | | |
| (please print) Senior Director/Director | | | | Date: | | | | |

Please provide completed form to your Access Request Coordinator.

Signature: