

REQUEST FOR HR SYSTEMS ACCESS - CAMPUS

Employee/User Information						
Last Name:		First Name:		MI:		
Department Number:		Department/School Name:		Phone:		CB:
Onyen:		PID:				
Working Title:		Email Address:				
Position Number:		Position Classification:				
UNC Healthcare employee:	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this person designated as an HR Representative for the Department/School/Division?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Person Formerly in Role:			

HR Access Requested (check all that apply)	
<input type="checkbox"/> ConnectCarolina HR/Payroll (Complete Section A) <input type="checkbox"/> LawLogix I-9 System (Complete Section B) <input type="checkbox"/> Background Check (Complete Section C)	<input type="checkbox"/> PeopleAdmin (Complete Section D) <input type="checkbox"/> Reporting (Complete Section E) Carolina Talent (Complete Section F)

Type of Access Requested						
Action Requested and Effective Date (select one)	<input type="checkbox"/> Add New User effective:	Modify Existing User: <input type="checkbox"/> Add Role <input type="checkbox"/> Remove Role	<input type="checkbox"/> Delete Existing User effective:			
What Department Numbers do you need to access? (Not necessary for Basic, PAAT, Approver roles)						

Section A – ConnectCarolina HR/Payroll (All roles require training prior to access being granted)				
<input type="checkbox"/> HR Representative	<input type="checkbox"/> Paycheck Support*	<input type="checkbox"/> Person Update*	<input type="checkbox"/> CA Payroll Reports	<input type="checkbox"/> Other:
<input type="checkbox"/> Basic Originator	<input type="checkbox"/> Student Originator	<input type="checkbox"/> PAAT Basic	<input type="checkbox"/> PAAT Advanced	<input type="checkbox"/> PAAT Super

** Users assigned to these roles must be a designated campus HR Representative or HR Officer*

ePAR APPROVER ROLES							
Department Roles	Departments			School/Division Roles	Departments		
<input type="checkbox"/> Level 1 HR Approver				<input type="checkbox"/> Level 2 HR Approver			
<input type="checkbox"/> Level 1 Budget Approver				<input type="checkbox"/> Level 2 Budget Approver			
<input type="checkbox"/> Level 1 Student Approver				<input type="checkbox"/> Level 2 Student Approver			
<input type="checkbox"/> Level 1 Student Reviewer (Notification only)				<input type="checkbox"/> Level 2 Student Reviewer (Notification only)			

REQUEST FOR HR SYSTEMS ACCESS - CAMPUS

SECTION B – LawLogix I-9 System (Only permanent UNC-Chapel Hill employees can be granted access to LawLogix. Access should be limited to HR Representatives whenever possible. Role requires training prior to access being granted.)

Role Requested:	<input type="checkbox"/> Department Originator
------------------------	--

SECTION C – " # (Only permanent UNC-Chapel Hill HR Representatives and select Business Office employees can be granted access to InfoMart.)

School/Division Name:	

SECTION D – PeopleAdmin (If you need historical department access, please include those department numbers in the Department Number section under Type of Access Requested.)

<input type="checkbox"/> HR Representative**	<input type="checkbox"/> Department View
<input type="checkbox"/> Search Committee Editor	

APPROVAL ACCESS FOR PEOPLEADMIN ACTIONS

Department Approver Roles

<input type="checkbox"/> SHRA Department/Division Approver	<input type="checkbox"/> Department EEO Approver
--	--

School/College Approver Roles

<input type="checkbox"/> SHRA Department/Division Approver	<input type="checkbox"/> EHRA School/Division Approver
--	--

**Role requires user to attend training prior to access being granted.

SECTION E – Reporting

<input type="checkbox"/> InfoPorte Human Resources Campus Views

Justification for Access:

SECTION F – Carolina Talent

<input type="checkbox"/> Learning Management Administrator	Provider:
--	------------------

--

DEPARTMENTAL SIGNATURES (Required)
Users cannot authorize their own access. Proxy signatures cannot be accepted.

User Signature:		Date:	
Supervisor Name: <i>(please print)</i>		Title:	
Supervisor Signature:		Date:	
HR Officer Name: <i>(please print)</i>		Title:	
HR Officer Signature:		Date:	

Please provide completed form to your School/Division Access Request Coordinator.