## HR System Access Request Form
### Security Administration, Human Resources (HR)

**Operator Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>HR Employee ID</td>
<td></td>
</tr>
<tr>
<td>VUnet ID</td>
<td></td>
</tr>
<tr>
<td>Work Phone</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Home Department</td>
<td></td>
</tr>
<tr>
<td>Home Dept Name</td>
<td></td>
</tr>
</tbody>
</table>

**Operator Signature**

I acknowledge that the information to which I may be granted access is the property of Vanderbilt University and is to be kept confidential. I agree that I will not transfer the use of my Operator ID or password to another person and acknowledge that any violation of security or transfer of my Operator ID or password may result in disciplinary action that might include termination.

Operator Signature: ___________________________  Date: __________

**Supervisor Signature**

I understand it is my responsibility to review with the operator the PeopleSoft panels to which he/she will have access, the confidential nature of information contained in these panels; and the consequences of violating confidentiality and/or transferring an operator ID and password to another person.

Supervisor Signature: ___________________________  Date: __________

**Access Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date of Access</td>
<td></td>
</tr>
</tbody>
</table>

**Action Requested (check only one):**

- Add Access
- Revise Access
- Delete Access

**Database Access Requested:**

- [ ] HRPROD
- [ ] PIPROD
- [ ] Employment Verification

Comments:

**Department Security Requested**

Please list the Home Department number(s) the operator should have access to view.

For a list of Home Departments, go to http://hr.mc.vanderbilt.edu/security/

**Security Role Requested**

Please list the Security Role(s) the operator should have.

For a description of available roles, go to http://hr.mc.vanderbilt.edu/security/

**Items Below For Completion by Security Administrator(s) Only**

**Approval by Medical Center Security Liaison**

Signature: ___________________________  Date: __________

**Approval by HR Application Trustee**

Signature: ___________________________  Date: __________

**Completed by HR Security Administrator**

Completed By

Date Completed: __________  Date Notified: __________  Date Received in HR: __________

Added To

- [ ] Listserv
- [ ] Security Database