

REQUEST FOR PERMISSION:

VIEW HRIS ACCESS DATA ON FOCUS

By submitting this form to Human Resources, Faculty of Medicine, you are requesting that the applicant receive access to view the HRIS Confidential Data held within FOCUS. Access to this information is dependent on the applicant already having AMS access. It is imperative that the Department Business Officer keep a record of all employees who have such access.

By signing below, you are also agreeing to immediately remove the applicant's access to FOCUS if s/he leaves the Department.

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| Check One: <input type="checkbox"/> New FOCUS User – Effective Date: _____ <input type="checkbox"/> Update existing User Account | | | | | | | | |
| HRIS View Access Requested in FOCUS: | | | | | | | | |
| <input type="checkbox"/> View Personnel Numbers Only <input type="checkbox"/> Full HRIS Access: confirm what role of HRIS access you currently hold: <input type="checkbox"/> Role 1: Business Officer/Dept. Administrator <input type="checkbox"/> Role 2: Business Officer: for non-appointed staff <input type="checkbox"/> Role 3: Office Assistant <input type="checkbox"/> Role 4: Managerial | | | | | | | | |
| Applicant Information: | | | | | | | | |
| Applicant Name: _____ (First and Last Name) Job Title: _____ Department: _____ Email: _____ | | | | | | | | |
| AMS Access and Staff Details: | | | | | | | | |
| Employment Type: <input type="checkbox"/> USW Appointed <input type="checkbox"/> USW Casual If USW casual, indicate start and end date of employment: Start Date: _____ Termination Date: _____ | | | | | | | | |
| AMS System User ID: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | |
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| Supervisor's Information: | | | | | | | | |
| Supervisor's Name: _____ (First and Last Name) Supervisor's Job Title: _____ Email: _____ Supervisor's Approval: _____ Date: _____ (Supervisor's Signature) | | | | | | | | |