### **Human Resources Management System (HRMS) Access Change Form**

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| Employee Name (for whom access is to be changed): | **Employee ID:** |
|  |       |
| **Classification Job Title:** | **Department Name:** |
|       |       |
| **Phone Number:** | **Department ID:** |
|       |       |
| **E-Mail Address:** |
|       |
| Notice: The information on this form is confidential. Any use of HRMS information for other than approved County business is cause for discipline. |

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| Manager Authorizing and Approving HRMS Access (Must be on Authorized Payroll Signature Form) |
| **Approver Name:** | **Employee ID:** |
|       |       |
| **Classification Job Title:** | **Department Name:** |
|       |       |
| **Phone Number:** | **Department ID:** |
|       |       |
| **E-Mail Address:** |
|       |
| Notice: The information on this form is confidential. Any use of HRMS information for other than approved County business is cause for discipline. |

**THIS SECTION IS REQUIRED**

**Modules to which access is to be added or deleted (select all that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
| **ADD** | **DELETE** | **VIEW** **ONLY** |  |
| **[ ]**  | **[ ]**  | **[ ]**  | e-PADS (Personnel Actions) |
| **[ ]**  | **[ ]**  | **[ ]**  | Training Enrollment: |
| **[ ]**  | **[ ]**  | **[ ]**  | FMLA Module  |
| **[ ]**  | **[ ]**  | **[ ]**  | Workforce Monitoring Report/Inquiry |
| **[ ]**  | **[ ]**  | **[ ]**  | Licenses/Certificates |
| **[ ]**  | **[ ]**  | **[ ]**  | Departmental Payroll Clerk |
| **[ ]**  | **[ ]**  | **[ ]**  | Timekeeper **(Hospital, Public Health, or Behavioral Health Only)** |
| **[ ]**  | **[ ]**  | **[ ]**  | Department Approver **(Must be on Authorized Payroll Signature Form)** |
| **[ ]**  | **[ ]**  | **[ ]**  | Time & Labor Report/Inquiry |
| **[ ]**  | **[ ]**  | **[ ]**  | Payroll Report/Inquiry |
| **[ ]**  | **[ ]**  | **[ ]**  | **DELETE ALL ACCESS** effective date:       |

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| **Describe the role the employee has within your department for each module to which access is requested IN DETAIL.** |
| Is there an employee in your department who has the same access that you are requesting for this employee? If so, model this employee’s access after: Name      Employee ID #       |
| **Date Submitted:** |

**E-mail Submission Only**: Forward to the Approving Manager, who then must forward to HRSD@sjgov.org