User Appointment Form for RF Business Applications

Complete this form to add, remove or change a users responsibilities in RF Business Applications

Statement of Purpose: *This form is used to obtain access to RFMH Business Applications. Users will be added after review and approval. If you are granted access you agree to use the system only for approved business purposes. Use of systems or confidential data for other than approved business purposes will result in the revocation of system privileges.*

TODAY'S DATE: _____/_____/_____

NAME:_____ **POSITION:** _____
Last Name, First Name, Middle Initial *Position Title*

CHECK ONE: ☐ Principal Investigator ☐ Supervisor ☐ Application User ☐ **Non-employee** **Name of Employer:**

SOC. SECURITY # _____ - _____ - _____ **DOB**: _____ / _____ /_____ **GENDER**: ☐ M ☐ F

TITLE: ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs.

INSTITUTE/DEPT: _____ **SUPERVISOR:** _____
Institute/Dept where the user works *Employee's Supervisor*

WORK LOCATION:

_____ _____
Building *Floor / Room No.* *Street* *City* *State* *Zip*

WORK PHONE: ( ) _____- _____ ext. _____ **WORK E-MAIL ADDRESS:** _____

HOME ADDRESS: _____ **HOME PHONE:** ( ) _____- _____

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☐ **NEW USER** **Effective Date of System Access** _____

☐ **ACCESS TERMINATION** **Effective Date of System Access Termination**_____

☐ **CHANGE TO RESPONSIBILITIES** **Effective Date(s) of Change** _____ **to** _____
Include start and end date(s) as applicable

*****Check responsibilities or type of access being granted below as applicable. Detail of each responsibility is listed on page 2. *****

Grants
☐ RFMH InfoEd Auth.**

Oracle Time and Labor
☐ Self Service Time
☐ RF OTL Supervisor Approvals

WebFTASK (Web Application)
☐ WebFTASK with salary **
☐ WebFTASK w/out salary **

(1) If you are not a PI or RFMH employee, please explain your involvement with the Research Foundation.

(2) If you are supervising RFMH employee(s), please list the employee(s) names in the space below.

NOTE: ** If you are requesting InfoED and/or WebFTASK access, please complete the attached supplemental form**

Forms must be signed by the individual requesting access *AND* the supervisor. Forward to Central Office for review/approval.

_____/_____ _____/_____
Signature of Individual Requesting Access / Date *Supervisor's Approval / Date*

CENTRAL OFFICE APPROVALS / INPUT

GRANTS: _____/_____ HUMAN RESOURCES: _____/_____
Signature / Date *Signature / Date*

ORACLE INPUT:

HUMAN RESOURCES: _____/_____ SECURITY ADMIN: _____ _____/_____
Input by / Date *User ID* *Created by / Date*