

**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)			

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**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.)**

<b>Role Requested:</b>	<input type="checkbox"/> Department Originator
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**SECTION C – Background Check Originator (Only permanent UNC-Chapel Hill HR Representatives and select Business Office employees can be granted access to request background checks.)**

<b>School/Division Name:</b>	

**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
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**School/College Approver Roles**

<input type="checkbox"/> SHRA Department/Division Approver	<input type="checkbox"/> EHRA School/Division Approver
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\*\*Role requires user to attend training prior to access being granted.

**SECTION E – Reporting**

<input type="checkbox"/> InfoPorte Human Resources Campus Views
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**Justification for Access:**


**SECTION F – Carolina Talent**

<input type="checkbox"/> Learning Management Administrator	<b>Provider:</b>
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**DEPARTMENTAL SIGNATURES (Required)**  
Users cannot authorize their own access. Proxy signatures cannot be accepted.

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

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