

INSTRUCTIONS



WEB M

Rename file to "Web Module Access Request Form -
Firstname Lastname "

Please fill in all fields in the Blue Section A unless
identified as not needed in below instructions

Only applies to salary employees
If this WMAR is for an hourly employee the ADP
section can be left blank

Enter name of the site(s) to be assigned
(i.e. Stellantis Brampton Assembly)

If cost sheet access is required enter the job #(s)
(i.e. TW004)

Need to run reports or add/remove members?
Will the employee travel to other sites?

If purchasing access is required, IT will advise
Finance through email

Please select YES or NO for all mobile apps
the employee will need access to

Please select whether a company vehicle is being assigned
and/or if
Fleetio access is required

Please select yes or no for mobile phone required

Section A - To be completed

Requester:
Employee Name:
Site Name:
Job Number / Cost Centre:
Position (JR Title) :
Reporting To:
Google Account Required:
Email Address Requested:

Enter what you would like the email address to be prior to

ADP

Vacation Entitlement (number of weeks):

of days employee works per week (4 or 5):

SMART MODULE

Job Site(s) To Be Assigned:

COST SHEET MODULE

Job Number(s) To Be Assigned:

Leader Access? (Yes/No) Allows user to move

Trip Reports Access? (Yes/No) Allows user to add

EREQUESTER MODULE

eRequester Access (Yes/No):

Job Number(s) To Be Assigned:

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SiteDocs (Yes/No):

Incidents (Yes/No):

Delivery App (Yes/No):

Vehicle Assigned (Yes/No):

MOBILE PHONE

Required? (Yes/No)

If employee is being reassigned a mobile phone
please enter the previous users name,
select the carrier, and input the phone number
If a new phone is required please select the carrier
required
Please select yes or no for computer requirements

If a computer is required please select desktop
or laptop

If Microsoft Office is required, please justify in the
Miscellaneous section
Please select yes or no for the SiteDocs tablet
requirement

Enter any miscellaneous notes or comments in this
section

Type your name and date the WMAR and email as a
Google Drive file to HR per below:

TEAM Canada - Sarah. TEAM USA - Amanda.
Robinson - Site HR

Is User getting a previous user assigned?

If Yes

Previous User Name :

Carrier:

Phone #:

Required? (Yes/No)

If it's a shared workstation computer section is not required

Type (Desktop/Laptop):

Chromebox or Chromebook will be provided unless otherwise justified in

Microsoft 365 License Required? (Yes/No)

SITEDOCS TABLET

Required? (Yes/No)

NOTES/COMMENTS

Requester sign off:

Name

Safety to create DSS+ account and Site-DOCS account and print name and enter date completed at bottom of form. Email as PDF to Requester and CC's HR and IT

Section C	
<u>ADP MODULE</u>	
	Associate ID / Employee #: <input type="text"/>
	JR Title: <input type="text"/>
Section D	
<u>GOOGLE ACCOUNT</u>	
	Email Address: <input type="text"/>
	Password: <input type="password"/>
<u>COMPUTER (authorized model)</u> <input style="width: 100%;" type="text"/>	
Section E	
<u>VEHICLE</u>	
	TRU Number: <input type="text"/>
	VIN : <input type="text"/>
	Fleet Manager (print): <input type="text"/>
Section F	
<u>DSS+ MODULE</u>	
	Username: <input type="text"/>
	Password : <input type="password"/>
Section G	
<u>NOTES/COMMENTS</u> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

When document is 100% complete IT will move to Completed WMARs folder on Team Shared Drive

HR (print):		
Date Completed:		Date

MODULE ACCESS REQUEST FORM

by Site Requester - once completed send to HR

	Date Requested:	
	Date Required By:	
	*** allow up to 3 business days for processing***	
	Hourly or Salary:	
	Business Cards Required:	
	*** if YES electronic QR code will be sent with reply***	

o the @domain.com (standard format is firstname.lastname eg. john.doe@team-group.com)

ADP

	Approving Manager	

BOSS

ify site members and create reports
or view Corporate Trip Reports Module

eRequester

Mobile / Web Applications

Audit Apps (Yes/No):	
CAA (Yes/No):	
Net Promoter Score (Yes/No):	

Vehicle / Fleetio

Fleetio Access Required (Yes/No):	
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Equipment

gned Phone?

If NO

Preferred Carrier:

ired to be filled out.

NOTES section

If User is receiving a computer previously assigned
to someone else, please enter previous user's name

Miscellaneous

Date

Corporate Support Section

Section B - Human Resources

Required to create BOSS Account.

Confirmed by HR.

Section C - Information Technology

MOBILE PHONE

Carrier:

Cell #:

MICROSOFT 365 If request is justified and approved

Username:

Password:

Section D - Fleet Section (if required)

FLEETIO

Username:

Password :

Date Completed:

Section E - Safety Section

Sitedocs

Username:

Password :

PROCESSING

Step 2 - IT

Step 3 -

IT (print):

Completed:

SAFETY (print):

Date Completed:

