

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 allmobile 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 mo

Trip Reports Access? (Yes/No)

Allows user to add

EREQUESTER MODULE

eRequester Access (Yes/No):

Job Number(s) To Be Assigned:

Mo

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 assi

If Yes

Previous User Name :

Carrier:

Phone #:

COMPUTER

Required? (Yes/No)

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

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

Cor

Sectio

HR to confirm accuracy of name above, complete this section, print name and enter date completed at the bottom of the form then email as a Google Drive file to it-wmar@team-group.com

ADP MODULE

Associate ID / Employee #:
JR Title:

Section C

IT creates Google account, BOSS account, and any Mobile accounts

~~IT orders and ships phone if new is required, or updates mobile allocation on carrier portals if mobile phone is reassigned~~

IT enters a link to the approved computer and coordinates
If Microsoft 365 is justified IT will add license info
If Vehicle/Fleetio access is required, IT to forward to
Fleet and Equipment Manager (Nick), if not

IT to print name and enter date completed and send to
Administrator (Lexi) for Site-Docs and DSS

~~Fleet and Equipment Manager to enter TRU number, Vehicle Identification Number and Fleetio credentials. Print name and enter date completed and send to Health and Safety Administrator (Lexi)~~

GOOGLE ACCOUNT

Email Address:
Password:

COMPUTER (authorized model)

Section D

VEHICLE

TRU Number:
VIN :

Fleet Manager (print):

~~Health and 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~~

DSS+ MODULE

Username:
Password :

NOTES/COMMENTS

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

HR (print):

Date Completed:

Date

ODULE 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***
<p>o the @domain.com (standard format is firstname.lastname eg. john.doe@team-group.com)</p>		

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ADP

	Approving Manager	

BOSS

ify site members and create reports

[or view Corporate Trip Reports Module](#)

eRequester

mobile / Web Applications

Audit Apps (Yes/No):	<input type="checkbox"/>
CAA (Yes/No):	<input type="checkbox"/>
Net Promoter Score (Yes/No):	<input type="checkbox"/>

Vehicle / Fleetio

Fleetio Access Required (Yes/No):

Equipment

gned Phone?

If NO

Preferred Carrier:

ired to be filled out.

ANSWER

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

NOTES section

Miscellaneous

Corporate Support Section

Section B - Human Resources

Required to create BOSS Account.

Confirmed by HR.

C - Information Technology

MOBILE PHONE

Carrier:

Cell #:

MICROSOFT 365 If request is justified and approved

Username:

Password:

- Fleet Section (if required)

FLEETIO

Username:

Password :

Date Completed:

Section E - Safety Section

Sitedocs

Username:

Password :

PROCESSING

IT (print):

Completed:

SAFETY (print):

Date Completed: