

INSTRUCTIONS:

1. The Accountholder with their Supervisor completes the form and signs. The Accountholder's Supervisor signs in Section 2. All requests are reviewed by the **HRIS Team** and the appropriate **Key Contact**.
2. The form is forwarded either by mail or scanned for email. The completed form is submitted to the **HRIS Team**: by email to HRIS@neu.edu, by fax at x5090, or by mail to 250 Columbus Place, 716 Columbus Avenue. (Telephone extension is 2230).
3. The **HRIS Team** implements the requested access and notifies the **Accountholder** and **Supervisor**.

IMPORTANT NOTICES

NOTICE OF APPROPRIATE USE POLICY (AUP) and RIGHT TO CHANGE APPROPRIATE USE POLICY All individuals accessing Northeastern University systems are required to read and comply with the Appropriate Use Policy for Computers and Networks. The current policy is located at <http://www.infoservices.neu.edu>. The University reserves the right to change the Appropriate Use Policy or any portion of the policy, at any time, without prior notice. Changes to the policy are effective upon posting at <http://www.infoservices.neu.edu>, where the most current version resides.

NOTICE OF REQUIREMENT TO MAINTAIN CONFIDENTIALITY All individuals engaged by the University are required to keep all Northeastern University Information strictly confidential. No use or disclosure of any kind is permitted, except only as may be authorized under the terms/scope of employment, engagement, and/or as may be explicitly authorized in writing by an officer of the University.

NOTICE OF ACCOUNTHOLDER and MANAGER RESPONSIBILITY Accountholders are responsible for all transactions conducted under their user ID. Managers are responsible to notify DBS Security when an individual whom they have approved for access is transferred or terminated from their department.

Section 1: Accountholder Information

NUID	First Name	Last Name	Date: _____ Date (MM/DD/YY)
			Department
Campus Address	Email Address	Telephone	
		XXX-XXX-XXXX	

Current University Employee Roles - For Non-employee roles (including Temps) the end date MUST be entered, and cannot exceed one year from the date required.

Staff/Faculty	Part-time Staff or Faculty	Student (work study, Coop, Teaching /Grad Asst.)	Consultant	Temporary
End Date (MM/DD/YY)	End Date (MM/DD/YY)	End Date (MM/DD/YY)	End Date (MM/DD/YY)	End Date (MM/DD/YY)

Accountholder Agreement: Northeastern University systems are to be used according to the terms of the Appropriate Use Policy (www.infoservices.neu.edu). I further agree to: access, distribute and share data, including test data, only as needed to conduct University business as specified in my position/engagement description, respect the confidentiality and privacy of individuals whose records or data I access, observing all ethical and legal restrictions that may apply, protect and be personally accountable for all work performed under my user id(s) and password(s), logout when leaving my workstation, report knowledge of security breaches to the University Data Administrator, and comply with all department and University security policies and procedures. **NOTICE:** This application is not an employment contract in any form, although adherence to these standards is a condition of employment or continued role. Access granted pursuant to this application does not give rights of any kind, and may be changed by Northeastern University without notice at any time.

I have read and will abide by the above agreement and the Appropriate Use Policy (www.infoservices.neu.edu). Under these terms, I request access to **PeopleAdmin** to be established according to the specifications in page 3 of this form.

Accountholder Signature: _____ **Date:** _____
Date MM/DD/YY

Section 2: Manager/Key Contact Approval and Agreement

Manager:	NUID	First Name	Last Name	Department
Key Contact:	NUID	First Name	Department	

Manager/Key Contact Agreement: I approve this request for data access in accordance with University Policy. For the account holder named above, I approve the grant or continuance of the **PeopleAdmin** roles listed. I certify these roles are required to allow the named account holder to perform assigned work-related duties.

Manager Signature: _____

Date: _____ (MM/DD/YY)

Key Contact Signature: _____

Date: _____ (MM/DD/YY)

Section 3: Request Type and Reason

Access Request Type: ☐ New Access ☐ Modify Access ☐ Delete Access

Reason for Request: ☐ New Hire ☐ Termination ☐ Transfer ☐ New Responsibilities

Access Roles to be applied (Check all that may apply)

If mirroring existing user profile, then specifying Role information below is not required.

Roles with Organization Level Security (Executive Level, and/or Organization)

<input type="checkbox"/> Originator	_____	_____	_____	_____	_____	_____
<ul style="list-style-type: none">- Initiate position and requisition requests (faculty and staff)- Hiring proposals along with position and requisition initiation						
<input type="checkbox"/> Department Approver	_____	_____	_____	_____	_____	_____
<ul style="list-style-type: none">- Approve staff position requests (new and modify)- Approve staff requests to repost a position with no changes- Approve staff hiring proposals						
<input type="checkbox"/> Department Chair	_____	_____	_____	_____	_____	_____
<ul style="list-style-type: none">- Approves faculty requisitions and hires						
<input type="checkbox"/> Key Contact	_____	_____	_____	_____	_____	_____
<ul style="list-style-type: none">- Initiate requests for positions, requisitions and hiring proposals (faculty and staff)- Approve originator requests- Control Faculty postings						
<input type="checkbox"/> Dean	_____	_____	_____	_____	_____	_____
<ul style="list-style-type: none">- Approve Full-time and part-time faculty requisition request- Approve Full-time Faculty applicant pools- Approve Full-time Tenure Track hiring commitments- Approve Full-time and Part-time Faculty hiring proposals						
<input type="checkbox"/> Executive Level Approver	_____	_____	_____	_____	_____	_____
<ul style="list-style-type: none">- Approve Staff position requests						

Is there an existing user profile that can be mirrored? If so please enter Name and NUID below:

_____ Name

_____ NUID

Roles with University Level Access within Authorized Organizations

<input type="checkbox"/> Budget	
<ul style="list-style-type: none">- Approve Staff position requests (new and modify)- Approve staff hiring proposals	
<input type="checkbox"/> OIDI	
<ul style="list-style-type: none">- Approve staff applicant pools	
<input type="checkbox"/> Provost	
<ul style="list-style-type: none">- Approve Full-time faculty requisition requests (including recruitment plan)- Approve Full-time Tenure Track hiring commitments	

Human Resource Management User Roles

<input type="checkbox"/> HR Administrator	
<ul style="list-style-type: none">- System Administrator access	
<input type="checkbox"/> HR Compensation	
<ul style="list-style-type: none">- Approve staff position requests	
<input type="checkbox"/> HR Customer Service	
<ul style="list-style-type: none">- View Applicants for Customer Service	
<input type="checkbox"/> HR Employment (also requires Banner access)	
<ul style="list-style-type: none">- Finalize all position requests- Control staff postings	
<input type="checkbox"/> HR Operations	
<ul style="list-style-type: none">- Complete People Admin hire (also requires Banner access)	

HRIS USE ONLY

HRIS Signature: _____ **Date:** _____

Signature

Print Name

Date (MM/DD/YY)

Comments: _____ **Change Request (CHG) #:** _____