



Gaining Access

To gain access to RMS, an employee must successfully complete the appropriate RMS training. This form must be completed and signed by the employee and their manager and sent to the System Development Unit.

Confidentiality of Records

This system access is provided for official business of Human Science Research Council. Any other use of this information may violate the privacy of the Human Science research Council information. Unauthorized distribution, reproduction, modification, or deletion of any information outside the intended and approved use is strictly prohibited. Illegal access or misuse of this account will result in access being revoked. The RMS is for the use of authorized users only.

Requestor Information

Name:	Personnel No:
Email:	Extension:
Department:	Unit:
Rank:	Position

Requester Agreement

By signing this form, I certify that I have read and understand the statement of confidentiality of records. I understand that my User ID and password are to be kept according to the HSRC password policy; should I share this information, my ID will be revoked.

Requester Signature:	Date Signed:
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Personnel Number _____

Profiles/Accesses (Add only reference)	Group Code/ Unit	Start Date	End Date
		dd/mm/ccyy	dd/mm/ccyy
		dd/mm/ccyy	dd/mm/ccyy
		dd/mm/ccyy	dd/mm/ccyy
		dd/mm/ccyy	dd/mm/ccyy
		dd/mm/ccyy	dd/mm/ccyy
		dd/mm/ccyy	dd/mm/ccyy
		dd/mm/ccyy	dd/mm/ccyy
		dd/mm/ccyy	dd/mm/ccyy
		dd/mm/ccyy	dd/mm/ccyy
		dd/mm/ccyy	dd/mm/ccyy
		dd/mm/ccyy	dd/mm/ccyy

Additional Access (Without profile/Access reference)

Access Required	Group Code/ Unit	Start Date	End Date
		dd/mm/ccyy	dd/mm/ccyy
		dd/mm/ccyy	dd/mm/ccyy
		dd/mm/ccyy	dd/mm/ccyy
		dd/mm/ccyy	dd/mm/ccyy

Manager Approval

By signing this form, I approve this employee for access requested to perform the above mentioned duties on the RMS.

Manager Name:	
Manager Signature	Date:
Comments	

System Administrator Approval

By signing this form, I approve that this employee has been granted appropriate access to the RMS to perform the above mentioned duties.

Administrator Name:	
Administrator Signature	Date:
Comments:	