



HR Systems Access Form

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Please complete the appropriate section of the form and return to the Human Resources department. See footnote below for instructions on submission of request.

FOR REQUESTOR USE ONLY:

Name of Employee Requiring Access: _____

Employee Phone Number: _____

Employee Department: _____

Name of Department Head: _____

Department Head Signature: _____

Department Head Phone Number: _____

Date of Request: _____

Systems Requested:

- Lawson
- Business Center
- Kronos
- People Admin
- Attachmate
- Main Frame

If Employee is a Replacement, Please Fill Out the Following Section:

Name of Replaced Employee: _____

Role of Replaced Employee: _____

Reason for Replacing this Employee: _____

FOR HUMAN RESOURCES USE ONLY:

HR Approval Signature: _____

Date of Approval: _____

For Kronos Access Only:

Payroll Manager Approval Signature: _____

Date of Approval: _____

FOR INFORMATION TECHNOLOGY USE ONLY:

Date of Access Granted: _____

Name of Employee Granting Access: _____

** Only requests from the Department Head will be approved. This form may be submitted to HR either completed in person or electronically. If sent electronically, the form will only be accepted if sent from the Department Head's business email address.*