

HR/Payroll Administrative Application Access Form

(For Non-UCOP Users)

This form is necessary to add or cancel access to HR/Payroll Administrative applications. Please complete the entire form and fax to (510) 217-9160.

User Name: First			Middle Initial	Last	Date:	
<input type="checkbox"/> New Access		<input type="checkbox"/> Change Access (add/cancel Web Applications)			<input type="checkbox"/> Cancel Access	
Business Address:			City, State:		Zip:	
Existing User ID:				Phone:		Fax:
Email Address:			Location:		Unit/Dept:	
Authorized Approver for Access:						
Name:			Email:			

Please Indicate:

	ADD		CANCEL
Benefits Representatives (AYSO Access, Beneficiary Designations, Benefits Enrollment Audit, Buyback, Death Notification, Event Tracker, OE Audit, Password Reset, Retirement Calc Tool, Retirement Estimator)	<input type="checkbox"/>		<input type="checkbox"/>
Payroll Administrators (Password Reset)	Beneficiary <input type="checkbox"/>	<input type="checkbox"/>	Password Reset <input type="checkbox"/>

Privacy Statement

Data in the systems to which you are requesting access are governed by a variety of state and federal laws and University policies.

Some of the data you are accessing may be defined as personal or confidential under University policy and the State of California Information Practices Act of 1977 (IPA), and may also be protected under other specific state and federal privacy laws. The IPA applies to all University records containing personal or confidential information and is intended to protect the privacy of individuals about whom records are maintained.

Access to these records, which may be maintained by individual name, or other identifier such as employee number or Social Security Number, is authorized for University employees when relevant and necessary for the performance of assigned duties and if the use of the records is consistent with the purpose for which the

information was acquired. Examples of frequently used personal data elements are sex, ethnicity, date of birth, citizenship, and Social Security Number.

Your signature indicates that you understand that you are expected to maintain the privacy and confidentiality of all data to which you have access and, further, that you may not disclose data to other parties, except under the conditions described in *Business and Finance Bulletins RMP-7*, "Privacy of and Access to Information Responsibilities;" *RMP-8*, "Legal Requirements on Privacy of and Access to Information;" and *RMP-9*, "Guidelines for Access to University Personnel Records by Government Agencies." Idle accounts will be automatically cancelled after 180 days of inactivity.

Authorization Signatures:

User's Signature: _____		Date: _____
Supervisor's Signature: _____		Date: _____
ISS USE ONLY	ISS Authorizing Signature: _____	Date: _____
	ISS Administrator: _____	Date: _____
	AD USER ID: _____	HR Admin Log-on ID: _____

Send to: UCOP Human Resources
300 Lakeside Drive, 6th Floor
Oakland, CA 94612

Fax: (510) 217-9160
Email: AccessForms-L@listserv.ucop.edu