



**Administrative Information Systems  
Request for Access to ➤ HRMS**

**Admin ID:**  
*(to be supplied by CAP)*

\*\*\*Human Resource Management System\*\*\*

**SECTION 1: Identification of User**

<b>Name:</b>	<b>Phone No.:</b>
<b>BRU-ID No.:</b> <i>(9 digit from Brown Card)</i>	<b>Box No.:</b>
Social Security No:	<b>[Note: Required for ID assignment]</b>
<b>Status:</b> <input type="checkbox"/> Staff <input type="checkbox"/> Misc. <input type="checkbox"/> Other <i>(If 'Other', indicate affiliation with Brown, such as 'Contractor')</i>	<b>Expiration Date:</b> <i>(If 'Other' is checked - M / D / YYYY)</i>
<b>Department Name:</b>	<b>Department No.:</b>
<b>Username:</b>	Do you check e-mail often?

**SECTION 2: General Information**

Please indicate what the user needs to do using HRMS that is the basis for this request:

**SECTION 3: Department Access**

<input type="checkbox"/> <b>Authorize</b> the following depts:			
<input type="checkbox"/> <b>Block</b> the following depts:			

**SECTION 4: Personnel Screen Access**

<input type="checkbox"/> <b>Create</b> new HRMS ID with the following Personnel pattern:
<input type="checkbox"/> <b>Change</b> existing HRMS ID: _____ to Personnel pattern:
<input type="checkbox"/> <b>Delete</b> existing HRMS ID:

**SECTION 5: Payroll Screen Access**

<input type="checkbox"/> <b>Create</b> new HRMS id with the following Payroll pattern:
<input type="checkbox"/> <b>Change</b> existing HRMS ID: _____ to Payroll pattern:

Note that anyone accessing Brown's administrative systems is subject to all rights and responsibilities as outlined in CIS's "Acceptable Use Policy" for computing located at <http://www.brown.edu/cis/policy/aup.html>, which includes the following guidelines: "You may use only the computers, computer accounts, and computer files for which you have authorization. You may not use another individual's account, or attempt to capture or guess other users' passwords."

#### **SECTION 4: Authorized Signatures**

User's Signature: _____	Date: _____
Supervisor's Signature: _____	Date: _____
Personnel Auth. Signature: _____	Date: _____
Payroll Auth. Signature: _____	Date: _____

*(To be completed by appropriate CIS Personnel)*

HRMS ID: _____	Valid Until: _____
Notes:  	
Account Verify: _____	Dept. Code: _____
CAP: _____	Date: _____



## Directions for Completing the HRMS Request Form:

### Section 1: Identification of User

The following are required fields. **PLEASE complete them all.**

Name	Please PRINT first name, middle initial (if one exists), and last name of user .
Phone No.	Give internal Brown phone extension or complete external phone number of the user.
BRU ID No.	Supply the user's nine digit employee number listed on your Brown ID (not your Social Security number).
Box No.	Provide the user's Brown box number.
Status	Check box that describes your relationship to Brown. If other, please indicate status within the University.
Expiration Date	If 'Other', you must enter last day of your assignment at Brown.
Dept. Name	Include the official name of the user's department.
Dept. No.	Use the FRP/HRS five digit departmental number.
Username	Enter your Username. Indicate whether you check email frequently. This will help us determine the best way to reach you.

### Section 2: General Information

Indicate what you will be doing with the requested access. Please be specific enough to assist in determining which screens are appropriate. Please be sure to complete this information in order that access can be approved.

### Section 3: Department Access

List the departments the user specifically should be able to view or enter 'ALL' (for all departments) beside the 'Authorize' check box. To restrict certain departments/locations, check the 'Block' box and list those departments.

### Section 4: Personnel Access

Select the functions (create, change, or delete) which reflect the action(s) the user requires. Note that the delete function will eliminate access to all Personnel and Payroll patterns.

If you are not sure which patterns to select, your Departmental Computing Coordinator can help. (DCCs can request additional help from the people authorized to approve this form)

### Section 5: Payroll Access

Select the functions (create, change, or delete) which reflect the action(s) the user requires. Note that to delete the entire id, the delete function under Personnel must be used.

If you are not sure which patterns to select, your Departmental Computing Coordinator can help. (DCCs can request additional help from the people authorized to approve this form)

### Section 4: Authorized Signatures

The person requesting this account must sign and date this form. The person's supervisor is also required to sign and date the form. **All signatures must be in ink; photocopies are not acceptable.** The form should be sent directly to one of the people authorized to sign for Personnel and/or Payroll, as listed in Appendix A.

Please allow three or four business days from the time the form is received in Computing Accounts & Passwords at CIS for the account change to be processed.

### Questions?

If you have questions about filling out this form, direct them to the CAP at x3-7277 (on campus), 401.863.7277 (off-campus) or reach us by e-mail at [CAP@brown.edu](mailto:CAP@brown.edu).