RCUH Research Corporation of the University of Hawai'i *'Ahahuina Noi'i O Ke Kulanui O Hawai'i*

Submit to: rcuh_hris@rcuh.com
Form Instructions Here

Human Resources Portal Access Form: New Distribution Code

I. Distribution Code Information: Project Name: _____ Requested Effective Date: _____

Primary Physical Work Address of this DC: _____

II. Principal Investigator Active in RCUH Financial Portal? ☐ Yes - Proceed with Form ☐ No - Pause & Read Statement Below

i. The Principal Investigator (PI) must have active accounts in the RCUH Financial Portal **before** a DC can be created. If this is not complete, please reach out to rcuh_accounting@rcuh.com for more information on how to achieve this before proceeding with the New DC Request.

III. Distribution Code User Listing: Click here to learn more about Access Types within a Distribution Code.

i) **eTimesheet Approvers (PI or Supervisory Roles Only)** **Primary:** _____ **Secondary:** _____

ii) **Requested Users:** List the users to be granted access to the DC below (Note: 3 required users; additional users are optional).

Access Type	Name	Email	Phone	Applications	Employer	New HR Portal User?
Principal Investigator						
Fiscal Administrator						
Supervisory Authority						

IV. PI Signature/Certification: I hereby approve the users listed on this form to have access to this DC in order to perform the responsibilities of their respective roles. I will convey the importance of these access types, duties, and responsibilities to the users listed that I have granted access. I am ultimately responsible for certifying the accuracy and authenticity of all transactions and time reporting, and am responsible for all employees under this DC.

PI Signature:

RCUH HR Final Review:

RCUH Research Corporation of the University of Hawai'i 'Ahahuina Noi'i O Ke Kulanui O Hawai'i

Email: rcuh_hris@rcuh.com
Phone: 808-956-8900
Form Instructions Here

Human Resources Portal Access Form: New Distribution Code

V. Additional Users (Optional): List additional users to be added to the DC if needed. **NOTE:** PI signature is required in step VI if users are listed on this page.

AccessType	Name	Email	Phone	Applications	Employer	New HR Portal User?

VI. PI Signature/Certification: I hereby approve the users listed on this form to have access to this DC in order to perform the responsibilities of their respective roles. I will convey the importance of these access types, duties, and responsibilities to the users listed that I have granted access. I am ultimately responsible for certifying the accuracy and authenticity of all transactions and time reporting, and am responsible for all employees under this DC.

PI Signature:

RCUH HR Final Review: