



RESEARCH CORPORATION OF THE UNIVERSITY OF HAWAII

HR PORTAL ACCESS FORM

I. GENERAL GUIDELINES:

- The HR Portal Access Form grants authorized users access to the RCUH HR Portal to perform online personnel and/or payroll actions.
- BOTH PI and FA must sign this form for all HR Portal designations/cancellations, except for FA actions (no PI signature required).
- Form must be received by RCUH Human Resources at least 1 week prior to desired access date.
- To change the Official PI of an existing DC, please refer to Policy 3.710 RCUH HR Portal System Access and Security, Section E.5.

II. SELECT AN ACTION

Create New DC (write "NEW" in Section III)
 Add User Access
 Update Existing User Access
 Cancel User Access

III. DISTRIBUTION CODE INFORMATION

Principal Investigator:	Fiscal Administrator:
Program Name:	Distribution Code(s):

IV. USER INFORMATION

Name of Individual:	Email:
Phone:	Fax:
Employer (i.e. RCUH, UH, etc.):	
For temporary period of access, please indicate the authorized period From: To:	
Access Type* (check one): <input type="checkbox"/> Principal Investigator <input type="checkbox"/> Supervisory Authority <input type="checkbox"/> Administrative Authority <input type="checkbox"/> Fiscal Administrator	
*Access Type:	<p>Principal Investigator: PI designates individual to authorize (i.e., signature authority) HR personnel and/or payroll transactions.</p> <p>Supervisory: Designated to approve on behalf of the PI. Allows the individual to input and approve online HR Portal transactions on behalf of the Official PI of the DC.</p> <p>Administrative: Designated to input/submit online HR Portal transactions (no approval authority).</p> <p>Fiscal: FA designates individual to authorize (i.e., signature authority) HR personnel transactions on behalf of the FA who is designated as Fiscal Administrator on the account.</p>
Authorized HR Portal Applications (select one):	
<input type="checkbox"/> ALL HR Portal applications (Time Reporting, ePAF, Non-Recruited Hire Actions, Position Requisitions, Applicant Selections)	
<input type="checkbox"/> All HR Portal applications EXCLUDING Time Reporting	
<input type="checkbox"/> Time Reporting ONLY	

V. AUTHORIZATION

I hereby authorize the above listed individual to obtain the specific access in which I have full authority to designate. I accept full responsibility for the actions of the staff member listed above. I understand that I must submit an updated HR Portal Access form in order to cancel or change the access for this individual. Unless specified above, this authorization is effective immediately and until such time as I cancel the authorized access.

Signature of PI	Date	Email Address / Phone Number
Signature of FA	Date	Email Address / Phone Number

FOR RCUH USE ONLY

OP ID:	PI CODE:	PASSWORD:	INPUT BY:	DATE:	<input type="checkbox"/> Email <input type="checkbox"/> Log
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