

Human Resources Portal Access Form

Email to: RCUH_HRIS@rcuh.com

I. DISTRIBUTION CODE INFORMATION

Requested DC: _____ Project Name: _____ Requested Effective Date: _____ Request: Update User Access PI Change
 Create New DC Cancel DC
 eTimesheet Approvers – Primary: _____ Secondary: _____ (must be listed in Section II as PI₁ or SA₁/SA₂)

II. LIST ALL CURRENT USERS

The users listed below represent the current users that the PI of record is granting access to their project numbers and employee information under the requested DC. If an individual is not listed below, they will not have access to the requested DC.

Action <small>Add or Update</small>	Access Type <small>* Required</small>	Name / Email / Phone	HR Portal Applications		Employer RCUH, UH, or Other	Attach if Adding RCUH Employee
			All	Time Only		
	*Principal Investigator <small>PI1</small>		✓			PNF / JD
	*Fiscal Administrator <small>FA1</small>		✓			FMO-1 / JD
	Fiscal Administrator <small>FA2</small>		✓			FMO-1 / JD
	*Supervisory <small>SA1</small>					Job Description
	Supervisory <small>SA2</small>					Job Description
	Administrative <small>AA1</small>					
	Administrative <small>AA2</small>					
Temporary Access – 20 Weeks Max. Access Type: <input type="checkbox"/> PI <input type="checkbox"/> FA <input type="checkbox"/> SA <input type="checkbox"/> AA From: _____ To: _____						PNF / FMO-1 / JD
Name: _____ Email: _____ Phone: _____						

III. ADDITIONAL USERS – A memo from the PI must always be attached to the request to justify the additional users.

Action <small>Add or Update</small>	Access Type	Name / Email / Phone	HR Portal Applications		Employer RCUH, UH, or Other	Attach if Adding RCUH Employee
			All	Time Only		
						PNF / FMO-1 / JD

IV. CANCEL USER ACCESS: _____

V. PRINCIPAL INVESTIGATOR – ACKNOWLEDGEMENT & APPROVAL

I hereby acknowledge and approve access to the users listed above for the requested DC. I'm ultimately responsible for certifying the accuracy and authenticity of all transactions and time reporting processed for employees, regardless of additional system access granted to the users listed above. I will convey the importance and definition of the access type, duties, and responsibilities to the listed users that I have granted access.

Signature: _____ Date: _____

RCUH FINAL REVIEW (RCUH ONLY)

 Signature of Final Reviewer Date

Complete Package Rcvd: Input: Date: Log

Effective Date: Email

Attach. B: Required Exempt Edit: Date: Scan