### **Human Resources Management System (HRMS) Access Change Form**

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| --- | --- |
| Employee Name (for whom access is to be changed): | **Employee ID:** |
|  |  |
| **Classification Job Title:** | **Department Name:** |
|  |  |
| **Phone Number:** | **Department ID:** |
|  |  |
| **E-Mail Address:** | |
|  | |
| Notice: The information on this form is confidential. Any use of HRMS information for other than approved County business is cause for discipline. | |

|  |  |
| --- | --- |
| Manager Authorizing and Approving HRMS Access(Must be on Authorized Payroll Signature Form) | |
| **Approver Name:** | **Employee ID:** |
|  |  |
| **Classification Job Title:** | **Department Name:** |
|  |  |
| **Phone Number:** | **Department ID:** |
|  |  |
| **E-Mail Address:** | |
|  | |
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**THIS SECTION IS REQUIRED**

**Modules to which access is to be added or deleted (select all that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
| **ADD** | **DELETE** | **VIEW**  **ONLY** |  |
|  |  |  | e-PADS (Personnel Actions) |
|  |  |  | Training Enrollment: |
|  |  |  | FMLA Module |
|  |  |  | Workforce Monitoring Report/Inquiry |
|  |  |  | Licenses/Certificates |
|  |  |  | Departmental Payroll Clerk |
|  |  |  | Timekeeper **(Hospital, Public Health, or Behavioral Health Only)** |
|  |  |  | Department Approver **(Must be on Authorized Payroll Signature Form)** |
|  |  |  | Time & Labor Report/Inquiry |
|  |  |  | Payroll Report/Inquiry |
|  |  |  | **DELETE ALL ACCESS** effective date: |

|  |
| --- |
| **Describe the role the employee has within your department for each module to which access is  requested IN DETAIL.** |
| Is there an employee in your department who has the same access that you are requesting for this employee? If so, model this employee’s access after: Name      Employee ID # |
| **Date Submitted:** |

**E-mail Submission Only**: Forward to the Approving Manager, who then must forward to [HRSD@sjgov.org](mailto:HRSD@sjgov.org)