VIRGINIA PENINSULA
COMMUNITY COLLEGE

PeopleSoft SIS/HRMS Access Request Form

Section A - Employee Information:

Name: _____ *Emplid: _____
         Last   *First*   *Middle*   *Not HR ID*

Office Phone: _____   Title/Position: _____

Department: _____

Please circle Campus Location:

           Hampton   Historic Triangle   Southeast Center   Discovery Center

Supervisor Name: _____   Supervisor Phone: _____

Section B– Employee Status: (Please circle employee status)

   Faculty   Staff   Temporary   Work-Study   Consultant   Full-time   Part-time

*If access is being requested for a Temp Employee, Work-Study, or Consultant, please indicate date access should be removed: _____

Section C - Account Type: (Please circle one of the following)

              Add New User   Update Existing User   Delete User

Section D– Security Access Information: (Please indicate one of the following)

Please assign employee the following copyid. (Indicate the copyid if known): _____

Security must be the same as others in this department. Indicate the copyid if known and/or provide name of other employee in department: _____

Security must be the same as previous employee in this position (give previous employee name):

 _____

Employee Signature: _____   Date: _____

Supervisor Signature: _____   Date: _____

Data Owner Signature: _____   Date: _____