iRattler Access Request Form

Receipt Date	
User Profile	

Please do not complete sections that have been grayed out. If you require additional assistance, please contact Organizational Development and Training (ODT) 850.561.2048. ***Note: * denotes required information***

iRattler Fundamentals: ☐	Signature of Training Coordinator:	Confirm Employment :

TO BE COMPLETED BY REQUESTER

1. *Legal Name (Last, First, Middle) –	2. *Work Telephone	3. *Primary Work Location (Building/Room #)	
4. ***iRattler* EMPL ID#**:	5. *FAMU E-mail Address	6. *Department Name	7. *Department ID

8. ***Job Title:**

9. **I acknowledge that the information to which I may be granted access is the property of Florida A&M University and is to be kept confidential. I agree that I will not transfer the use of my User ID or Password to another person and acknowledge that any violation of security or transfer of my User ID or Password may result in disciplinary action which might include termination. By my signature below, I certify that I have read and understand this statement.**

***User's Signature:**	***Date:**

TO BE COMPLETED BY REQUESTER'S SUPERVISOR

10. I understand it is my responsibility to review with the Requester the PeopleSoft pages to which he/she will have access, the confidential nature of information contained in these pages, and the consequences of violating confidentiality and/or transferring User ID and Password to another person. By my signature below, I certify that I have read and understand this statement.

***Supervisor's Printed Name:** ***Supervisor's Signature:**	***Date:**
***Supervisor's Work Location (Building/Room):**	***Supervisor's Telephone #:**

Human Capital Management System Access Request Section

TO BE COMPLETED BY THE END USER AND THEIR SUPERVISOR AND/OR RELEVANT HCMS MODULE TRUSTEE

1. *Describe the Users Intentional Use within the HCMS (HR) Module:

2. ***** Action Requested (Check Only One)
☐ ***NO Extended Access Required*** ☐ Add User/Access ☐ Revise Existing Access ☐ Delete Access

Copy from USER ID _____
(If completed skip check boxes)

3. What Department(s) will this user need to access (view) within the HCMS system (please enter both the name & the number- I.E. Office of the President – 010000)

4. User Roles (Indicate which roles should be assigned)

RECRUITING ACCESS (SELECT ONLY ONE)		**FACULTY ACCESS**	
Recruiting Manager/Originator (FAM RC Manager)	☐	Faculty Events Manager (FAM Faculty Events Mgr)	☐
Recruiting Job Authorizer (FAM RC Job Requisition Approver)	☐	Faculty Events Administrator (FAM Faculty Events Admin)	☐
TIME AND LABOR ACCESS		**MANAGER SELF-SERVICE**	
Representative for Campus Departments (FAM T&L Personnel Representative)	☐	Manager Self Service (FAM HR Self Service Manager)	☐
Approver (FAM T&L Approver)	☐		
Time Certifier (FAM T&L Certifier)	☐		

5. Human Resource Administrator or Designee signature of approval: **Printed Name:** **Signature:**	Date approved:

TO BE COMPLETED BY ITS PERSONNEL

6. ITS SME signature of approval	Date Approved:	
7. Request completed by ITS Security:	Date completed:	Notification date:

User's Name

Financial System Management Access Request Section

TO BE COMPLETED BY REQUESTER AND THEIR SUPERVISOR	
1. *Describe the Users Intentional Use within the Financials Module:	
2. ***** Action Requested (Check Only One) ☐ ***NO Extended Access Required*** ☐ Add User/Access ☐ Revise Existing Access ☐ Delete Access	**Copy from USER ID** _____ (If completed skip check boxes)

3. Roles To Assign: ********** *Please Check Only One Box Per Category* **********

GRANT ROLES		**PURCHASING ROLES**	
Grants – GM Dept. Administrator	☐	Purchasing-PO Purchasing Requisition Approver	☐
Grants – GM Principal Investigator	☐	Purchasing-PO Purchasing Requestor	☐
Grants - GM Dept Contact	☐		

5. Financial Administrator's (or Designee's) signature of approval: **Printed Name:** **Signature:**	Date approved:

TO BE COMPLETED BY ITS PERSONNEL		
6. ITS SME signature of approval	Date Approved:	
7. Request completed by ITS Security:	Date completed:	Notification date:

Campus Solutions Access Request Section

1. *Describe the Users Intentional Use within the Campus Solutions (Student) Module:	
2. ***** Action Requested (Check Only One) ☐ ***NO Access Required*** ☐ Add User/Access ☐ Revise Existing Access ☐ Delete Access	**Copy from USER ID**

3. User's Security Access

TO BE COMPLETED BY A STUDENT ADMINISTRATION TRUSTEE ONLY * (BASED UPON THE "JOB DESCRIPTION" ABOVE)			
Users Primary Permission List →			
PRIMARY ROLE(S)	Action	SECONDARY ROLE(S)	Action

----------ROW LEVEL SECURITY ---------- --------

ROW LEVEL	CODE	ROW LEVEL	CODE	ROW LEVEL	CODE
Academic Institution		Admissions Action		3C Group Security	
Academic Career		Application Center		Service Indicator Security Place/Release	
Academic Program		Program Action		Service code and Reason	
Academic Plan		Recruiting Center		Enrollment Security	
Academic Organization				Transcript Type Security ADV / OFF / UNOFF	

4. Campus Solutions' Administrator (or Designee's) signature of approval: **Printed Name:** **Signature:**	Date approved:

TO BE COMPLETED BY ITS PERSONNEL		
5. ITS SME signature of approval	Date Approved:	
5. Request completed by ITS Security:	Date completed	Notification date

Submit completed request to Organizational Development & Training,

[Perry Paige – Suite 105 (North), Tallahassee, FL 32307]

email: (odttraining@famu.edu) Or Fax to (850) 412-7320