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| 1. Section 1: Security authorization requested for person identified below. | | | |
| First Name: | Last Name: | | TXState ID: |
| Department Name: | | Phone #: | |
| Division: | | Position Title: | |
| Classification:  Faculty/Staff  Temporary Employee | | Access Effective Dates (Required for Temps):  Date From: To: | |
| Reason for request:  New Hire  Termination  Change of Job Duties  Transfer between Departments  Other (describe): | | | |

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| Section 2: Add or Delete User Group | | | | |
| Action | User Group | Scope Level | SAP Organizational Unit Name |
| DELETE  ADD | \*Hiring Manager (Staff) | Department |  |
| DELETE  ADD | Director (Staff) | Department |  |
| DELETE  ADD | \*Chair/Director (Faculty) | Department |  |
| DELETE  ADD | Dean | Department |  |
| DELETE  ADD | AVP | Department |  |
| DELETE  ADD | Vice President | \*Division |  |

*\*Note*: The hiring manager user group should only be requested for staff recruitment.

The Chair/Director user group serves as the hiring manager for faculty recruitment.

The Vice President user group has divisional scope.

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| Section 3: Training Verification | |
| **For Staff Hiring Managers:** | I certify that I have reviewed the training material required for staff Hiring Managers roles to receive security authorization and access to PeopleAdmin. |
| **For Faculty Chair/Director and Deans:** | I certify that I have attended required training for Chair/Director and Dean roles to receive security authorization and access to PeopleAdmin. |
| **Requestor Signature:** By signing below, the user acknowledges that the information on this request form is true. | |

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| Section 4: Account Manager Approval | | |
| **Manager Signature:** | **Name:** | **Date:** |

Submit this document as a pdf using the naming convention First Initial and Last Name (i.e., TSmith.pdf) either by email: [TalentAIR@txstate.edu](mailto:TalentAIR@txstate.edu) or fax: 512.245.1942.

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| Section 5: Human Resources or Faculty and Academic Resources | | |
| HR/FAR Authorized Signature: | HR/FAR Authorized Name: | Date: |