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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 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: |