CMS Human Resources
Data Access Request Form

California State University
MONTEREY BAY

User Information

Last Name: _____ First Name: _____ Work Phone: _____

Otter ID # (Not SSN): _____ Email: _____ DeptID: _____

Working Title: _____ Contact (If other than the user): _____

☐ New Access   ☐ Change Existing Access

Access Roles for Departments

☐ Approve Student Assistant Time (Timekeeper)
☐ Enter Hourly Employee Time (Timekeeper)
☐ Absence Management (check one)
  ☐ Proxy for who? _____
  ☐ Review Absences

☐ Run Payroll Detail Reports **
  ☐ Department
  ☐ Division

☐ Create/Print Temporary Faculty Contracts**
  ☐ Department
  ☐ College

Please identify DeptID(s) access needed:

DeptID(s) [   ]

Have you completed Training?

Create/Print Temporary Faculty Contracts**   ☐ Yes   ☐ No

Run Payroll Detail Reports **   ☐ Yes   ☐ No

** Training is required by operational staff before access. Please contact ASM to schedule training.

Service Provider Functions (For University Personnel, Payroll and Finance only)

University Personnel

☐ [Choose one] Benefits Administration
☐ Benefits Administration for Students
☐ [Choose one] Employee Hire ☐ Staff ☐ Faculty
☐ FMLA Administration
☐ [Choose one] Background Check Administration
☐ Employee Evaluation
☐ Leave Administrator
☐ Regulatory Reporting

Payroll

☐ [Choose one] Payroll Administration
☐ Advance Payroll Setup & Administration
☐ Absence Review

Other Functions

☐ New Hire Notifications ☐ Staff ☐ Faculty ☐ Corp
☐ Clearance Notifications
☐ [Choose one] Training Administration
☐ AM GAAP Reports
☐ Financial Aid View
☐ ASM - LCD, IB and FIN Support
☐ ASM - HRIS Support
☐ Budget Administration (Budget Dept Only)
☐ Corporation Hire

Specify Additional Instructions:

ASM Use Only:

Employee Signature: _____

MPP Signature: _____ Print Name: _____ Date: _____

Return Completed form to Administrative Systems Management (Mtn Hall D)	ASM Use Only:

Information Security Awareness Training Completed, Confidentiality Agreement on file or attached?:   ☐ Yes   ☐ No

Verified By: _____   2020-06-04 10:03:58

Forward form to CMS Security Analyst

CMS Security Analyst Signature: _____   Date: _____