



CENTRAL WASHINGTON UNIVERSITY

HRMS Access Form
(Human Resource Management System)

Please complete the following information for access to the human resource management system and FAX to at 1733.

Name: _____ Employee ID: _____

Title: _____ Novell Logon Username: _____

Telephone: _____ Department: _____

For time keeper access, indicate the time keep location and whether you will be the backup or primary time keeper.

Time Keep Location: _____ Primary
 Back Up

Department Authorizing Signature: _____

For additional access, justify reason for higher-level security.
Describe function or access needs:

Department Authorizing Signature: _____

For HR Department Use

Approval:

HRMS: _____ Date: _____

Data Custodian: _____ Date: _____