

ORIGINAL FORM SUBMITTED TO PL 2009 HERE/HSO

REMOVE Access Request Form

(ALL APPLICABLE FIELDS MUST BE COMPLETED)

First Name/Middle Initial	Last Name:	Name of person completing this form if other than employee. Name _____ Extension _____
ID# (NOT SSN)	Position/Job Function:	
Department Name:	Dept ID (Lookup ID)	Supervisor Name & Extension

Select from the options: Provide a brief explanation for the removal of access	Effective Date Of Removal:
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Please indicate below which access needs to be removed.

<u>HUMAN RESOURCES</u> Select component below:	<u>STUDENT ADMINISTRATION</u> Select component below:	<u>ADDITIONAL COMMENTS</u>
<u>FINANCE DATABASE</u> Finance <input type="radio"/>	<u>OTHER SYSTEMS</u> Advance (BSR) <input type="radio"/> DARwin <input type="radio"/> Other <input type="radio"/> (please specify below)	
Select Business Unit(s) below:		

Removal Request approved by: MPP Name (Print)	MPP Signature	Date Signed
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***** Do Not Enter Below this Line. For University Authorization Only*****

Security Administrator					
Initial: _____	Date: _____	Initial: _____	Date: _____	Initial: _____	Date: _____

Routing: Deliver to Security Administrator(s) _____