

Appendix A

The University of Oklahoma Health Sciences Center
HR/Payroll/Budget End User Security Access Form

Supply the information requested below including user's name, department, and status, a contact person [include phone & mail address], organization numbers and types of access required. Include name and signature of user's supervisor or department's authorizing agent and fax completed form to IT Account Management @ 271-2126 or mail to Tom McKay @ SCB-102.

___ User Creation ___ User Transfer ___ User Revision (explain) _____ Effective Date _____

User's Name (Last, First): _____ Department: _____

User's Status: ___ OUHSC Employee ___ OUHSC Affiliate (Users who are not paid by OUHSC)

Contact Person: _____ Phone: _____ Campus Mail Address: _____

HR Organization numbers user requires access to: _____

- **Check (below) each type of access this user requires but DO NOT SIGN in spaces designated for Budget, Payroll, and Human Resources Office Signatures.**
- ⇒ **Sign form directly below as user's supervisor or department's authorizing agent only.**

As this user's supervisor or the department's authorizing agent, I hereby approve this request for user access privileges.

⇒ Name: _____ Signature: _____ Date: _____
Please Print

➤ **Budget Access**

___ Departmental Budget Formulator
Allows user to enter budget information and print worksheets for the organization numbers listed above

As OUHSC Budget data owner, I hereby authorize the access privileges indicated above for the user identified herein.

Budget Office Signature: _____ **Date:** _____

➤ **Payroll Access** (Choose One Only)

___ Departmental Payroll Coordinator/Entry
Allows user to enter EOM or PPP payroll, view and query employee data, and print various reports for the organization numbers listed above

___ Departmental Payroll Coordinator/Approval
Allows user to approve EOM or PPP payroll, view and query employee data, and print various reports for the organization numbers listed above

As OUHSC Payroll data owner, I hereby authorize the access privileges indicated above for the user identified herein.

Payroll Office Signature: _____ **Date:** _____

➤ **Recruit Workforce Access**

___ Departmental Workforce Recruiter
Allows user to enter and manage personnel requisitions and applicant activity through the recruitment process to the final offer stage including tracking of non-selection reasons.

As OUHSC Recruit Workforce data owner, I hereby authorize the access privileges indicated above for the user identified herein.

Human Resources Office Signature: _____ **Date:** _____

Application security access privileges granted by _____ Date _____

User ID: _____ Data permission list: _____

ACADEMIC PERSONNEL APPOINTMENT / REAPPOINTMENT AND RECOMMENDATION FOR CHANGE-OF-STATUS

PREPARATION DATE
 MO DAY YEAR
 0 1 1

THE UNIVERSITY OF OKLAHOMA
 HEALTH SCIENCES CENTER

CHECK AS APPROPRIATE
 OKLA. CITY CAMPUS TULSA CAMPUS

EFFECTIVE DATE THIS ACTION
 MO DAY YEAR
 0 2 0 3

ENDING DATE THIS ACTION
 MO DAY YEAR

NAME (LAST, FIRST, MIDDLE) SOCIAL SECURITY NUMBER
 0 5

DEPARTMENT COLLEGE (PROPOSED) DEPARTMENT COLLEGE (CURRENT)
 COMPLETE TITLE COMPLETE TITLE

TYPE OF APPOINTMENT
 0 9

STATUS
 Continuous (with tenure) Term (tenure: eligible) Term (tenure: not eligible) Temporary Part-time (Enter % F.T.E.) Voluntary Strict Full-time Geographic Full-time

TENURE ELIGIBLE
 YES NO

REASON FOR ACTION (X)
 New Appointment
 Re-appointment
 Primary Appointment Change
 Title Change
 Status Change
 Rate
 Source
 Termination
 Leave of Absence
 Correction of Papers Dated
 Other --- See Instructions

A.	DEPT. NO.	ACCOUNT NO.	POS. NO.	MONTHLY AMT.	MOS.	ANNUAL AMT.	PPS EARNINGS POTENTIAL	PROPOSED SALARY DATA FULL TIME EQUIVALENT INCOME CEILING/ANNUAL RATE	TOTAL BASE SALARY	TOTAL UNIVERSITY SOURCES	TOTAL AFFILIATED SOURCES	TOTAL (C PLUS E)	ANNUALIZED RATE	ANNUALIZED RATE	ANNUALIZED RATE
UNIVERSITY SOURCES															
TOTAL UNIVERSITY SOURCES															

D.	DEPT. NO.	ACCOUNT NO.	POS. NO.	MONTHLY AMT.	MOS.	ANNUAL AMT.	PPS EARNINGS POTENTIAL	PROPOSED SALARY DATA FULL TIME EQUIVALENT INCOME CEILING/ANNUAL RATE	TOTAL BASE SALARY	TOTAL UNIVERSITY SOURCES	TOTAL AFFILIATED SOURCES	TOTAL (C PLUS E)	ANNUALIZED RATE	ANNUALIZED RATE	ANNUALIZED RATE
TOTAL AFFILIATED SOURCES															
TOTAL AFFILIATED SOURCES															

THIS SECTION MUST BE COMPLETED (Check Applicable Categories)

<input type="checkbox"/> Bloodborne Pathogens (Blood Products)	BP
<input type="checkbox"/> Supervisor	SP
<input type="checkbox"/> Laboratory	LD
<input type="checkbox"/> Radiation	RD
<input type="checkbox"/> No Exposure	NE

DEPARTMENT HEAD DEPARTMENT HEAD DEPARTMENT HEAD DEPARTMENT HEAD

DEAN DEAN DEAN PERSONNEL SERVICES

BUDGET GRANTS AND CONTRACTS PROVOST PRESIDENT

APPROVALS

PAY FULL 1/2 0

TYPE OF APPOINTMENT 1 4 MOS.

LEAVE OF ABSENCE FROM TO MO. DAY YEAR

TERMINATION MO. DAY YEAR

LAST DAY OF SERVICE

LAST DAY WITH PAY

RECOMMENDATION FOR STAFF

APPOINTMENT Complete Sections A, B, C, H, J
 REAPPOINTMENT Complete Sections A, B, C, H, J
 CHANGE OF STATUS Complete Sections A, B, C, H, J
 TERMINATION Complete Sections A, C, E, H, I
 LEAVE OF ABSENCE Complete Sections A, C, F, H
 NAME CHANGE Complete Sections A, C, G, H

NAME (LAST, FIRST, MIDDLE) _____ DATE _____
 BIRTHDATE _____ SEX (CIRCLE ONE) F M _____ MARITAL STATUS _____
 CITY, STATE AND ZIP CODE _____ SOCIAL SECURITY NUMBER _____
 HOME PHONE NUMBER _____ STUDENT (6 OR MORE HOURS) Yes No

B PERSONAL DATA (New appt. only)
 BIRTHDATE _____ SEX (CIRCLE ONE) F M _____ MARITAL STATUS _____
 CITY, STATE AND ZIP CODE _____ SOCIAL SECURITY NUMBER _____
 HOME PHONE NUMBER _____ STUDENT (6 OR MORE HOURS) Yes No

C PRESENT STATUS (FROM) OR NEW APPOINTMENT
 SALARY \$ _____ or \$ _____ and \$ _____ ANNUAL RATE _____
 APPOINTMENT TYPE _____ IF LIMITED, APPROXIMATE TERMINAL DATE _____
 Continuous _____ Limited _____
 EFFECTIVE DATE _____ MO _____ DAY _____ YEAR _____
 JOB TITLE _____
 % FTE _____ NAME OF PERSON REPLACED _____ STUDENT (6 OR MORE HOURS) Yes No
 TITLE OF PERSON REPLACED _____ SALARY OF PERSON REPLACED _____ and \$ _____ ANNUAL RATE _____
 HR DEPARTMENT # _____ HR ACCOUNT # _____ POSITION # _____ HR/WRK _____ HR/WRK _____ HR/WRK _____
 ANNUAL MONTHLY RATE & AMOUNT _____
 PRIMARY HR DEPT NAME _____ TOTALS _____

D NEW STATUS (TO)
 SALARY \$ _____ or \$ _____ and \$ _____ ANNUAL RATE _____
 APPOINTMENT TYPE _____ IF LIMITED, APPROXIMATE TERMINAL DATE _____
 Continuous _____ Limited _____
 EFFECTIVE DATE _____ MO _____ DAY _____ YEAR _____
 JOB TITLE _____
 % FTE _____ NAME OF PERSON REPLACED _____ STUDENT (6 OR MORE HOURS) Yes No
 TITLE OF PERSON REPLACED _____ SALARY OF PERSON REPLACED _____ and \$ _____ ANNUAL RATE _____
 HR DEPARTMENT # _____ HR ACCOUNT # _____ POSITION # _____ HR/WRK _____ HR/WRK _____ HR/WRK _____
 ANNUAL MONTHLY RATE & AMOUNT _____
 PRIMARY HR DEPT NAME _____ TOTALS _____

REASON FOR CHANGE
 Re-classification _____ Promotion _____ Demotion _____ Change of pay source only _____ Probationary Increase _____ Other, Explain: _____
 LAST DAY OF SERVICE _____ IS LETTER OF RESIGNATION ATTACHED? _____
 MO _____ DAY _____ YEAR _____ Yes _____ No _____
 LAST DAY WITH PAY (INCLUDES TERMINAL VACATION) _____ REASON FOR LEAVING _____
 MO _____ DAY _____ YEAR _____

E TERMINATED
 Re-classification _____ Promotion _____ Demotion _____ Change of pay source only _____ Probationary Increase _____ Other, Explain: _____
 LAST DAY OF SERVICE _____ IS LETTER OF RESIGNATION ATTACHED? _____
 MO _____ DAY _____ YEAR _____ Yes _____ No _____
 LAST DAY WITH PAY (INCLUDES TERMINAL VACATION) _____ REASON FOR LEAVING _____
 MO _____ DAY _____ YEAR _____

F LEAVE OF ABSENCE
 GRANTED _____ FROM _____ TO _____
 FROM: _____ TO: _____
 PREVIOUS NAME (AS IN BOOK (A) ABOVE) (LAST, FIRST, MIDDLE) _____
 ADDRESS _____
 BUDGET UNITS _____ FINANCIAL ADMINISTRATION & BUDGET OFFICE _____

G NAME CHANGE
 PREVIOUS NAME (AS IN BOOK (A) ABOVE) (LAST, FIRST, MIDDLE) _____
 ADDRESS _____
 BUDGET UNITS _____ FINANCIAL ADMINISTRATION & BUDGET OFFICE _____

H APPROVALS
 PRESIDENT'S APPROVAL _____

TITLE CODE

UNIVERSITY OF OKLAHOMA
HEALTH SCIENCES CENTER

PAYROLL SERVICES
(405) 271-2055

NOTICE TO TURN OFF THE “OK TO PAY”

Fax (405) 271-2057

This notice is to inform Payroll Services that the following employee’s “OK to Pay” should be turned off:

Employee Name: _____

Employee ID: _____

Department Name: _____

Dept ID: _____

Department Contact: _____ Phone: _____

Reason: _____ Terminated (Paperwork Required)
_____ Leave Without Pay (Paperwork Required)
_____ Other _____

Handwritten ETR **is** being turned in _____

Handwritten ETR **not** being turned in _____

Authorized Signature (Payroll Coordinator / Supervisor)

Date

DEPARTMENTAL PAYROLL COORDINATORS:

This form is to be used to turn off the EOM payline(s) for the above named employee. It is to be submitted (by hand or fax) to Payroll Services by the EOM changes deadline which is 5 PM on Day 2 of lost time data entry (a/k/a “on line ETRs”). Be advised that turning off payline(s) for a benefits eligible employee may impact the employee’s benefits and insurance coverage. A personnel action (paperwork) may be required to change the employee’s job status to ensure continuity of benefits / coverage. Consult with HR-Benefits for specifics.

To cancel a paycheck, use the **NOTICE TO CANCEL PAYCHECK** form.

UNIVERSITY OF OKLAHOMA
HEALTH SCIENCES CENTER

PAYROLL SERVICES
(405) 271-2055

NOTICE TO CANCEL PAYCHECK

Fax (405) 271-2057

This notice is to inform Payroll Services that the following employee's paycheck (direct deposit or paper check) should be cancelled:

Employee Name: _____

Employee ID: _____

Department Name: _____

Department Contact: _____ Phone: _____

Authorized Signature (Payroll Coordinator / Supervisor)

Date

DEPARTMENTAL PAYROLL COORDINATORS:

This form is to be used to cancel an EOM direct deposit or paper paycheck. It is to be submitted (by hand or fax) to Payroll Services **after** EOM payroll has been verified via departmental register reports. It **must** be received by the cancellation deadline. In general, the cancellation deadline is 5 PM on the 6th working day from PAYDAY. The actual cancellation due date is provided in the monthly EOM "OK to print your departmental registers" e-mail from Payroll Services.