

Access/Removal Request to Human Resource Systems

Instructions

Complete this form to request access or to remove access to Human Resource Systems for an HR employee, HR Contact, or other individual deemed necessary by virtue of employment.

1. All new users who need access to these systems must read and sign the [User Agreement for Responsible Use and Confidentiality of Data, Technology, and User Credentials](#).
2. If the user is responsible for completing I-9's on employees, please complete the [Form I-9 Authorized Representative Agreement](#).
3. If the user is responsible for completing E-Verify on employees, please complete the [E-Verify General User Agreement](#).
4. If the user is the primary HR Contact for a College/Division, please complete the [E-Verify Program Administrator Agreement](#).

Completed forms with all required attachments may be submitted to peoplead@mailbox.sc.edu.

The Division of Human Resources reserves the right to reject any requests to grant/remove access to HR Systems. In addition, HR may remove access at any time deemed necessary for the protection and confidentiality of university data, technology, and user credentials.

Add	Remove	Modify	Requested HR System	HR Use Only – Signature	Date
			PeopleAdmin/USC Jobs (choose roles in section below)		
			HR Drop Box (Division Level HR Contacts Only)		
			HR Data Warehouse (Division Level HR Contacts Only)		
			HR Intranet		
			I-9/E-verify		
			Background Check (Approved HR Contacts Only)		
			Drug Screening (Approved HR Contacts Only)		
			Tracking Log Notifications and Payroll Actions Report		
			Other HR Systems:		

Request to Grant/Remove Access

Name of User:	USC ID:	Net ID:
Title:	Email Address:	
College/Division:		
Responsibility Code(s) to Access:		
Corresponding Departmental Codes:		

If removing access, is the user leaving the University? **Yes** **No**

PeopleAdmin User Roles/Department(s)

The role of Employee is automatically given to the employee upon hire and the Applicant Reviewer and Search Committee roles will be assigned on a monthly basis. Please request the additional user roles needed by this person in the field(s) below.

User Role 1:	User Role 2:
User Role 3:	
Department(s):	

Signature of Approval

Authorizing Signature:	Date:
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Printed Name:
