Yale University School of Medicine
Business Management System (BMS)
Request for Authorization to the Human Resources System and On-Line Profiles

NAME: _____   Existing BMS ID? _____ Yes _____ No

DEPT: _____   Net ID _____ BMS ID _____

EXT: _____   Printer Type: _____

DATE: _____   IP Address: _____

I. **Home Organization** – *Home Organization of the individual requesting access*

Organization Name and Number _____
(example – MDERM Administration 720001)

II. **Scope of Authorization** – *Which personnel records should the individual be authorized to create (New Hire), change, or view:*

A. Indicate the Organization(s), Department(s) or People the individual may access

Organization Name and Number   **OR**   **Person's Name and Home Org**

_____   _____

_____   _____

_____   _____

_____

B. Indicate which Employee Types the individual may access (Limits access to individuals with Employee Type in Organization/Department specified)

_____ Access is for ALL Employee Types in Organizations specified in II.A.

_____ Access should be limited to Employee Types indicated below:

_____ Faculty (FAC)	_____ Clerical & Technical (CT)
_____ Associates (ASSOC)	_____ Managerial & Professional (MP)
_____ Voluntary Faculty (VF)	_____ Service & Maintenance (SM)
_____ Postdoctoral Fellows (PDF)	_____ Consultants (CON)
_____ Postdoctoral Associates (PDA)	_____ Casuals (CAS)
_____ Students – Hourly (STH)	_____ Students – Non-Hourly (STN)

III. **On-Line Profile Input Functions** - *What information in the personnel records is the individual authorized to view and/or update. What level of authorization should the individual have*

A. Update or Inquiry Access (**U** for Update, **I** for Inquiry only, **blank** for no access.)

_____ Demographic Information	_____ Related People (e.g., Spouse)
_____ Employee/Salary Information	_____ Dept. Transfer
_____ Appointments/Positions	_____ Terminations
_____ Outside Salary Funding Sources	_____ Leave of Absence
_____ Paycheck Address	_____ Addresses
_____ Faculty Titles	_____ Telephone Numbers
_____ Affiliations	_____ Degrees Earned
_____ I-9/Right to Work	_____ Extra Compensation

B. Role and Level Access (for Role, indicate whether the individual can enter data and/or approve profiles; for Level, indicate what level of authorization the individual should have)

ROLE   APPROVAL LEVEL

_____ Data Entry   _____ Home Department
                                   _____ Home Organization (Section-Level)
_____ Approval   _____ Human Resources (HR Signature Required)
                                   _____ Faculty Office (Faculty Office Signature Required)
                                   _____ Financial Affairs (Fin. Operations Signature Required)
                                   _____ Oracle Data Entry (Fin. Operations Signature Required)

IV. **Display Functions** - *What information in the personnel records is the individual authorized to display or use to create reports* (Check all that apply)

_____ Demographic Information	_____ Affiliations
_____ Employee Salary Information	_____ Related People
_____ Appointments/Positions	_____ Leave of Absence
_____ Outside Salary Funding Sources	_____ Addresses
_____ Pay Check Address	_____ Telephone Numbers
_____ Titles	_____ Degrees Earned
_____ Extra Compensation	

Required Signatures for Authorization to the Human Resources System On-Line Profiles
Obtain the required signatures based on your requested level of authorization.

Prepared by: _____   Date: _____

Approved by: _____   Date: _____
                        Department Administrator

Approved by: _____   Date: _____
                        Additional Approval (if necessary)

Please return the signed original *along with a signed Yale University Information Access and Accountability Agreement* via campus mail to Financial Operations, 47 College Place, Suite 207. For faster processing, you can fax this form to us at 5-6135. (You must still send the original).