

MIAMI-DADE COUNTY HUMAN RESOURCES DEPARTMENT SECURITY REQUEST FORM

	curity Application fo processed and an		ent by the Share	d Servi	ces Analyst as con	firmatior	n of process	ing.		Effective Date	
Employee ID	Last Name					First Name				Dept-Div-Loc	
User ID Classification				E-mail							
Employee's Signature									Phone Number		
TIME & LEAV	E SYSTEM			E	LECTRONIC F	ILES (emPower	Form	nerly FYI)		
New Request Change Termination/Deletion					New Request Change Termination/Deletion						
Explain the type of	of access requested	d:		E	xplain the type of a	access re	equested:				
PEOPLESOF	<u>[</u>			- C	NDEMAND						
New Request Change Termination/Deletion					Folder Name Segment(Department)			ment)	Group e.g. (Payroll Finance	Type of request	
Explain the type of access requested:									e.g. (r ayloir r manoc		
COGNOS ACC	COUNT & ACCI	ESS									
New Reques	t Change	Termination	/Deletion								
Data Access: Identif	y by combination of de	epartments-division	s-locations. NONE	for no a	ccess. * for all units. ((ie 019-*, C)19-05-*, 019-0	6-016):			
Public Data Restricted or protocted)								tected Data N, Address for protected individuals,e.g. Police)			
(Everything not classified as restricted or protected) (SSN, Address								55 IUI PI			
Supervisor's Print Name					Email				Phone Number		
Signature									Date Processed		
Department Personnel Representative (Print Name)					Email				Phone Number		
Signature									Date Processed		
•	nan Resources o	only						, i i i i i i i i i i i i i i i i i i i			
TIME & LEAVE SYSTEM					FYI SYSTEM						
Security Level	urity Level Dept-Div Pattern ID		n ID	CRS User ID (Same as e-mail Address) Se				Sea	earch Class Assignment(s)		
							_				
									Dia		
Approved By - Print Name: (For Human Resources)					Email				Phone Number		
Signature									Date	Processed	
Processed By - Print Name: (For ETSD)					Email				Phone Number		
Signature							Date	Processed			