



# PeopleSoft Access Request Form

## HR Absence Management, Time & Labor System

### User Information

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_ CSUB ID #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Department: \_\_\_\_\_ Dept ID: \_\_\_\_\_

### Absence Management System (Faculty / Staff Absence Reporting)

Absence Management is a module within the PeopleSoft system. It provides the ability to report, track and approve employee absences, such as Vacation, Sick Leave, etc. You should request this access if your responsibility includes managing employee absences in your department. **Please check only one security role in this section.**

- ☐ **Manager Self Service (Approver)**  
MPP Administrator (Dean, Manager or Supervisor) who approves absences entered by employees and reviewed by Timekeepers.
- ☐ **Department Timekeeper**  
Department administrative support staff employee who reviews absences entered by employees for accuracy.

### Time & Labor System (Hourly Worker Time Reporting)

Time and Labor is a module within the PeopleSoft system. It provides the ability to report, track and approve time worked by hourly workers, including student workers. You should request this access if your responsibility includes managing hourly worker time in your department. **Please check only one security role in this section.**

- ☐ **Approver**  
MPP Administrator (Dean, Manager, or Supervisor) who reviews and approves reported time worked.
- Approver Designee**
- ☐ a) Department Chair, delegated authority by their School's Dean to review and approve reported time generated by the PeopleSoft Time & Labor system for student assistant employees under their supervision **or**
- ☐ b) Department Administrative Support staff employee or Grant Program Principal Investigator (P.I.) with authority delegated by an MPP appropriate administrator, who verifies reported time and runs the Time & Labor system approval process. The MPP appropriate administrator must sign the "Reported Time" report.
- ☐ **Department Timekeeper**  
Department administrative support staff employee who acts as a liaison between the Approver(s), Time Reporter(s) i.e., Student Assistants, and Payroll Services staff. Access is limited to printing the "Reported Time Report" only.

### Department or Grant Projects ID:

List the Department or Grant Projects for which access is requested for Absence Management and/or Time & Labor System.

**Access to Human Resources data will only be granted to the Department IDs listed below.**

Dept or Project ID	Dept or Project Name	Dept or Project ID	Dept or Project Name	Dept or Project ID	Dept or Project Name

### I. REQUESTING DEPARTMENT MPP ADMINISTRATOR (MANAGER, SUPERVISOR, or DEAN):

My signature below certifies that the employee listed above, who is under my supervision, requires access to personal/sensitive data, because such data is relevant and necessary in the ordinary course of performing his/her job duties under the title and department listed above at California State University, Bakersfield. I understand my obligation is to orient this employee to ensure that he/she understands the state and federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records, including data that is accessible through oral, written or by electronic means.

**Check, if applicable (Time and Labor Approver Designee Role Only):**

- ☐ I authorize the above listed employee to act as my designee in verifying and processing reported time using the PeopleSoft Time & Labor system approval process. I understand that as the appropriate administrator I am required to sign and approve all "Reported Time" reports and that copies must be maintained by the department for four (4) years.

\_\_\_\_\_  
Appropriate Administrator Signature

\_\_\_\_\_  
Appropriate Administrator Printed Name

\_\_\_\_\_  
Date

### II. User Acknowledgement

I acknowledge that access to the above listed PeopleSoft HR system has been requested on my behalf by my appropriate administrator.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### III. Human Resources Approval

Confidentiality Form on File? ☐ Yes ☐ No

\_\_\_\_\_  
Verification – HR Admin Support

\_\_\_\_\_  
Director of Human Resources Administration Signature

\_\_\_\_\_  
Date

#### Internal Use Only

User Profile: \_\_\_\_\_

Row Permission List: \_\_\_\_\_

Completed By: \_\_\_\_\_

Completed Date: \_\_\_\_\_