

Return completed form to:

NIH Capital HR Security Administrator

6120 Executive Blvd., EPS/ 100

Rockville, MD 20852

CAPITAL HR SECURITY AUTHORIZATION FOR NON-OHR PERSONNEL

- New User Profile Inactivate User Profile
- Modify User Profile/Current User ID (_____)

Completed by Security Administrator:
 New User ID: _____
 Row Security Code: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

(Please print)

TITLE: _____ PHONE #: _____

IC: _____ EMAIL Address: _____

Are you a Contractor? (Circle One): YES NO

If YES, enter contract end date or date of expiration of access: _____
(MM/DD/YY)

ACCESS ADMIN CODE(S): * _____

* Users not in the Office of Human Resources require Director, OHR approval for admin code "HN" access (all of NIH)

CORE ROLES (Select 1 Only)

____ Management (VO) No Comp Emp (Standard Role for Administrative Access)

____ HR (VO) No Comp Emp or HHS

PAR WORKFLOW ROLES (Select As Many As Necessary)

____ PAR Requester

____ PAR 2nd Authorizer

____ PAR 1st Authorizer

____ PAR Approver

RECRUIT WORKFLOW ROLES (Select As Many As Necessary)

____ Recruit Requester

____ Recruit 2nd Authorizer

____ Recruit 1st Authorizer

____ Recruit Approver

SYSTEM SUPPORT / SUPPLEMENTAL ROLES

____ EEO (View Only) **Requires EEO Approval

____ Department Tree/Table VO

By signing this request form, the undersigned agree the requested access is required for the employee's position of record. The employee acknowledges receiving a copy of the Access/Disclosure Agreement Personnel Information and have reviewed the Rules of Behavior for use of Program Service Center Enterprise Support Service Systems, agrees to abide by its contents, and all other applicable ADP system security policies and procedures.

PLEASE RETURN THE SIGNED FORM TO THE EHRP SECURITY ADMINISTRATOR (ADDRESS IS AT TOP LEFT OF FORM).

EMPLOYEE SIGNATURE _____ Date _____

SUPERVISOR SIGNATURE _____ Date _____

EO/EO APPROVER* SIGNATURE _____ Date _____

*Email is required for EO Designated Approver: _____

DIRECTOR, OHR SIGNATURE * (If required) _____ Date _____

EEO OFFICER SIGNATURE ** (If required) _____ Date _____

CAPITAL HR ADMINISTRATOR SIGNATURE _____ Date _____