



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) |

