

USER AUTHORIZATION REQUEST ONLINE TEMPORARY EMPLOYMENT SYSTEM

This form is required to add or delete employee access to the online Temporary Employment System (TEMPS).

Refer to the reverse side of this form for routing and a summary of available functions.

Employee Name (first, middle initial, last)	WSU ID Number	Employee Phone						
Network ID	Department Name and Number	Dept. Mail Code						
Employee E-Mail	Department Contact	Dept. Contact Phone						
I have completed TEMPS Training <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">NO</td> <td style="text-align: center; width: 33%;">YES</td> <td style="text-align: center; width: 33%;">Date Completed</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>			NO	YES	Date Completed	<input type="checkbox"/>	<input type="checkbox"/>	
NO	YES	Date Completed						
<input type="checkbox"/>	<input type="checkbox"/>							

Appropriate Use Statement

I understand that I am responsible for respecting the confidentiality of information accessed via computer information systems. I understand that this information is to be used for official university purposes only. Misuse of systems information can result in termination of employment or other disciplinary actions. The security of information is provided for by federal and state laws and University regulations (see BPPM 90.05, 90.06, and 90.07)

I understand that I am responsible for safeguarding my assigned password. I will not share my password with others. I will store passwords in secure locations. I will contact Information Technology if I suspect that my password has been compromised.

I understand that unauthorized access to and/or unauthorized use of the University's computer systems or electronic databases may constitute criminal acts under RCW 9A.48.070-.100 and RCW 9A.52.110-.130.

I have read and understand the above statement.

Signature: _____ Date: _____

Employee signature is **NOT** required to terminate access.

Departmental Approval

Check the appropriate boxes for necessary function(s).

Employee Name: _____ Network ID: _____

<u>ACTION</u>		<u>FUNCTION</u>	<u>DESCRIPTION</u>
Add	Delete		
<input type="checkbox"/>	<input type="checkbox"/>	Query	Query temporary employment position and appointment information, employee data, and name search.
<input type="checkbox"/>	<input type="checkbox"/>	Entry Only	Add temporary employment positions and appointments – must e-mail appointments for approval.
<input type="checkbox"/>	<input type="checkbox"/>	Maintenance	Add and maintain temporary employment positions and appointments. Approve appointments for the department or area.
<input type="checkbox"/>	<input type="checkbox"/>	Faculty Time Card Approval	Approve Faculty Time Card appointments. Must have appointing authority designation.
<input type="checkbox"/>	<input type="checkbox"/>	Financial Aid Approval	For use ONLY by the Office of Financial Aid to approve work study appointments with a financial aid HOLD or PENDING

Chair/Director (Print)	Signature	Date
Email Address	Telephone	

Route completed form to Human Resource Services, Mail Code 1014.
 Questions can be directed to Human Resource Services, 509-335-4521 or hrs@wsu.edu

Human Resource Services Use	
Processed By	Date