

Return completed form to: hrstraining@wsu.edu



WASHINGTON STATE UNIVERSITY
Human Resource Services

Percipio Learning Administrator Access

Section 1: Employee Information

Name (First M. Last)

Employee ID

Email Address

Work Phone

Department

Workday Supervisory Org Code

Section 2: Access Request Information

List Area/College or Department Name and corresponding supervisory organization.
Please include **all subordinate Workday suporgs**. If requesting access to an AREA or COLLEGE, only list area or college name.

Supervisory Organizations illustrate the University's supervisor and subordinate reporting relationships. The HR business process workflow is driven by the supervisory organization structure. Supervisory Organizations join with cost centers to connect HR and Financial data.

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 Business Policies and Procedures Manual (BPPM) 90.05, 90.06, and 90.07, and Executive Policy Manual EP8).

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 Services 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 Revised Code of Washington (RCW) 9A.48.070-.100 and RCW 9A.52.110-.130.

This form **must be signed by your Appointing Authority** before it can be processed.

If you are unsure who your Appointing Authority is, please refer to the [Appointing Authority List](#).

Appointing Authority

Signature

Date

Employee Name

Signature

Date