

SIS/HRMS Security Add/Change/Delete Form

Employee Name:

EMPLID:

VCCS ID:

Department:

Job Title:

Security Request Reason? Add, delete, or modify:

SIS Password Reset Role? Yes or no:

Effective Date:

SIS COPY ID:

HR COPY ID:

Employee Status? Faculty, staff, or wage:

Faculty Advisor? Yes or no:

Employee Signature:

Date:

Supervisor Signature:

Date:

Data Owner Signature:

Date: