

IT Services Use Only  
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# MICHIGAN STATE UNIVERSITY

IT Services Use Only  
Document Number

## IT Services Access Request Memorandum

Send to: Information Technology Services  
450 Auditorium Road, Room 404 -- Phone: 432-6200

### Requestor Information

Name (Printed)	Phone	Date Prepared	Date Needed
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### Type of Request (Check One)

Add User Access     Change User Access     Delete User Access

### User Information

Full Name	Address	Phone	Employee ID (ZPID or MSUNetID)
Descriptive Job Title	Department Name	Organizational Unit (CUC)	Account #

### Request Purpose: Access for Electronic HR I-9 Security

Please identify in the table below the Action (Add or Remove), the HR I-9 Role(s), the Responsible Organizational Code(s), and Group or U1 Org Level that the above identified employee is responsible for.

Action	HR I-9 Role	Responsible Organization Code(s)	Group or U1 Org Level **
Add Remove			Group U1 Org Level
Add Remove			Group U1 Org Level
Add Remove			Group U1 Org Level
Add Remove			Group U1 Org Level
Add Remove			Group U1 Org Level
Add Remove			Group U1 Org Level

\*\* Group      Select Group for access to an entire MAU or access to U1 Org Level and Subunit Level 2 Orgs: i.e. Access to all of College of Arts and Letters MAU (10004000G); Access to U1 Org Level and all Unit Level 2 Orgs under U1 Org Level (10004070G).

U1 Org Level      Select U1 Org Level for access to each individual U1 Org Level code(s): i.e. 10004070, 10004068.

All of the roles have the capability to; Search for an employee, Create a new I-9, Attach documents, Complete a pending I-9, E-Verify and Search all criteria. Select [HR I-9 Security Roles](#) for more details.

NOTE:

- Selecting **Add** will add responsibility for the person indicated.
- Selecting **Remove** will remove responsibility from the person indicated. If the individual has left the University, please fill out <http://aissecuritycontact.ais.msu.edu/arms/DeleteUser.pdf> and check **This User has left the University**.

Access request for the above roles requires authorizing signature from the originating unit's IT Services Access Approver person.

Rev: 07/31/2014 (HR\_I9Roles)

### For Authorized Signers Only:

Signature & Printed Name of Unit Head or Access Approver Responsible for User X _____	Date:
Signature & Printed Name of Application Steward Responsible for Application Data X _____	Date:

### This Section to be Completed by Information Technology Services

User ID(s)	Comments:	Completed By
		Completion Date