

SHARE HCM Access Request Justification

Form to accompany HCM User Access form when when requesting update/edit HR access for Non-HR employee

Agency Name:	
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Circumstances for request

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Agency action – recruitment efforts

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Anticipated Length of time

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Plan for Training of Employee receiving access

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State Personnel Office Comments/Approval

Comments:	
Approval Signature:	Date:

Department of Finance & Administration Comments/Approval

Comments:	
Approval Signature:	Date:

SHARE Security Team Comments/Approval

Comments:	
Approval Signature:	Date: