

PRISM Payroll Access Form

Please complete the following form to establish or modify access to PRISM applications. Once completed, please return this form to the Payroll Dept, 200 S Craig St, 2nd Floor or fax to 412-624-8072. If you have any questions, please contact your payroll representative.

Please choose one: New User Existing User Remove Access

Effective Date: _____ Last 4 of Social Security Number: XXX – XX – _____

Requester: _____

Print full "Legal" Name: _____

Department or Division Name: _____ Responsibility Center 5 digit #: _____

Preferred Email Address: _____

My Current Network Authorization Account is : _____

Or My Current PRISM Account User ID is : _____

* To access PRISM, please visit www.cfo.pitt.edu/prism. If you are unable to do this, please call FIS at 4-6580.

* To get your printer set up for PRISM, please submit a help ticket at www.technology.pitt.edu or call 4-4357.

NON Pitt Employees Only: <input type="checkbox"/> Female <input type="checkbox"/> Male Birth Date: _____ SSN: _____	FIS USE ONLY
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Additional Comments: _____

My Current Network Authorization Account is : _____

Or My Current PRISM Account User ID is : _____

Authorization: As the requester, I affirm that I have read and understand University Computing, Information, and Data Policies: 10-02-04 (http://www.cfo.pitt.edu/policies/policy/10/10-02-04.html) 10-02-05 (http://www.cfo.pitt.edu/policies/policy/10/10-02-05.html) 10-02-06 (http://www.cfo.pitt.edu/policies/policy/10/10-02-06.html) will abide by these policies, and use the requested data access only as required in the performance of my University duties.

As the supervisor for the requester, I affirm this request is in accordance with the requester's job function. I will be responsible for taking the appropriate change action, if the requester has a change in employment status. As the supervisor for the requester, I affirm this request is in accordance with the requester's job function. I will be responsible for taking the appropriate change action, if the requester has a change in employment status.

Requester Signature: _____ Date: _____ Phone: _____

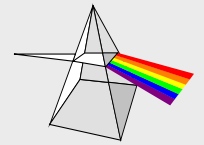
Supervisor Printed Name: _____

Supervisor Signature: _____ Date: _____ Phone: _____

Authorized RC Signature: _____ Date: _____ Phone: _____

Customer Assessment:

System Administrator:



PRISM Payroll Access Form

Add Delete **PRISM TRKS Payroll CDC Admin Access**

Department (5 digit #): _____

- Submit/View Payroll Register Reports by authorized CDC including:
 PPYR319 PDF Check Register Earnings/Net
 PTEE818 OTL Timecard to Check Register Extract
 PTER218 Timecard CDC Listing (Student Timecard Report)

Indicate CDC number(s) authorized for this individual, Payroll (Monthly or Biweekly), and the appropriate Primary, Secondary, or Alternate contacts:

CDC	Payroll	Responsibility		
		Primary	Secondary	Alternate
Number	Monthly / Biweekly			

If Access needs to be mirrored after another employee, please indicate Full Name and Employee ID #

Replicate Access of: _____

Signature area for Primary:

I understand, as the Primary Administrator, that I have the responsibility for timely payroll register review and distribution of checks or pay advices in accordance with Payroll’s Standard Operating Procedures, Chapter 6, Payroll Register Review. If I am unavailable to perform this function, I will delegate the responsibility to an authorized secondary or alternate representative for my CDC. I understand that access to the PRISM TRKS Payroll CDC Admin responsibility allows me to view confidential salary and pay information for employees in my CDC. I agree to be responsible for the security and confidentiality of this information, and share it only with other individuals who are authorized to view payroll data.

X _____
Primary Administrator Signature

_____ Date

Signature area for Secondary and Alternates:

I understand, as the Secondary or Alternate Administrator, that I may be assigned the responsibility for timely payroll register review and distribution of checks or pay advices in accordance with Payroll’s Standard Operating Procedures Chapter 6, Payroll Register Review. I understand that access to the PRISM TRKS Payroll CDC Admin responsibility allows me to view confidential salary and pay information for employees in my CDC. I agree to be responsible for the security and confidentiality of this information, and share it only with other individuals who are authorized to view payroll data.

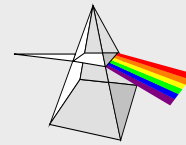
X _____
Secondary/Alternate Signature

_____ Date

*****This section is for use by the Application ASA only:**

ASA Approval:

Date:



PRISM Payroll Access Form

Department / Area Responsibility Request

Please choose the necessary responsibilities and one appropriate action.

Add Delete **PTE Hourly Time Entry Access**

Department (5 digit #): _____

- Time entry for hourly employees
- View hours entered in PTE

Please indicate the proper security group below:

- Biweekly Student Timecards (Students)
- Biweekly HPCR (Union)

Security Group: _____

If Access needs to be mirrored after another employee, please indicate Full Name and Employee ID #

Replicate Access of: _____

Please list account number(s) below. Use a separate page if necessary.

Please list which access individual is requesting:

Primary Timekeeper: _____

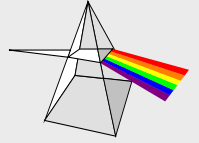
Secondary Timekeeper: _____

Alternate Timekeeper(s): _____

*****This section is for use by the Application ASA only:**

ASA Approval:

Date:



PRISM Payroll Access Form

Add Delete **PTE TEAM Department Administrator Access (Students/All-Temps ONLY)**

Department (5 digit #): _____

- Ability to update the TEAM form
- Create primary and subsequent tasks
- Edit existing primary and subsequent tasks

If Access needs to be mirrored after another employee, please indicate Full Name and Employee ID #

Replicate Access of: _____

Please list account number(s) below. Use a separate page if necessary.

Add Delete **PRISM TRKS RC Administrator (STAFF ONLY)**

Department (5 digit #): _____

- Time Entry (Create Timecard for Employee)
- PTEE601 Retro Hourly Reconciliation RC Admin
- PHRE337 Distributed Comp Time/Overtime Extract (Export to Excel)
- PTEE810 Weekly Timecard (Export to Excel)
- PTEE811 Timecard History by Person (Export to Excel)
- PTEE812 Time Off Balances RC Admin
- PTEE815 Time Off History RC Admin
- PTEE817 Weekly Timecard After Transfer RC Admin
- PTEE819 NEAD Account Number Extract (Export to Excel)
- PTER211 Missing Timecard Report (Printable Only)

Add Delete **PRISM TRKS Department Administrator (STAFF ONLY)**

Department (5 digit #): _____

- PTEE601 Retro Hourly Reconciliation Dept Admin
- PTEE810 Weekly Timecard (Export to Excel)
- PTEE811 Timecard History by Person (Export to Excel)
- PTEE812 Time Off Balances (Export to Excel)
- PTEE815 Time Off History Dept Admin
- PTEE817 Weekly Timecard After Transfer Dept Admin
- PTEE819 NEAD Account Number Extract (Export to Excel)
- PTER211 Missing Timecard Report (Printable Only)

*****This section is for use by the Application ASA only:**

ASA Approval:

Date: