STATE OF WYOMING

**HRM PAYROLL ACCESS SECURITY MAINTENANCE**

**Indicate Action Desired**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Establish New Access |  | Change Existing User Profile |  | Name Change |  | Cancel All HRM PAYROLL Access |

**Section 1: User Profile**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee’s Name (First and Last – Same as SSN card) | | | | | | | Payroll Employee Id #, or specify temp employee | | | | | | | Employee Existing User ID | |
|  | | | | | | |  | | | | | | |  | |
|  | | | | | | |  | | | | | | | ( if applicable ) | |
| Employee Phone Number | | | | | | | Employee Email Address | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | |
| Agency Number | | Agency Name | | Home Unit | | | I request that this employee be assigned the HRM Payroll access indicated below  Agency Director or HRM Manager Signature Date | | | | | | | | |
|  | |  | |  | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Section 2: HRM Payroll Security Profile** | | | | | | | | | | | | | | | |
| Item 1: Identify the Activity Folders, HRM Payroll access and capabilities the user should be assigned. | | | | | | | | | | | | | | | |
| (Place an X in the applicable boxes.)  Item 2: Identify which worklist, if any, the documents will be workflowed to once the document is submitted by the user. **- OR -** Identify whether the document should process to final when submitted, and not workflow to a worklist for approvals. Depending upon which option is selected, enter the worklist name the document should workflow to, or enter the word FINAL. | | | | | | | | | | | | | | | |
| Item 3: Identify whether a user should have the ability to approve documents by entering an X in the APPROVE DOCS column. Then, identify which worklist(s), the user should have access to for approving documents by entering the approval worklist name.\* | | | | | | | | | | | | | | | |
| Item 4: If a user needs to have access to more than one department (agency), enter the agency (department) number. | | | | | | | | | | | | | | | |
| **Note\* A User cannot approve their own documents** if the user has access to the specified approval worklist for item 3. | | | | | | | | | | | | | | | |
| Check to copy another HRM ID profile | | | If checked, please indicate the other user’s name     and the user’s ID | | | | | | | | | | | | |
|  | | | If not checked please complete the section below | | | | | | | | | | | | |
| (Item 1) FUNCTION/ACTIVITY FOLDERS AND DOCUMENTS | | | | (Item 1) ACCESS CAPABILITIES | | | | | | | (Item 2) WORKFLOW | (Item 3) APPROVALS | | (Item 4) OTHER |
|  | | | | **HRM PAYROLL ACCESS** | | | **SCAN/**  **VIEW** | **ENTER DOCS** | **VALIDATE**  **DOCS** | **SUBMIT DOCS** | **SUBMIT DOC TO WORKLIST or FINAL** | **APPROVE DOCS** | **APPROVAL WORKLIST NAME (\*)** | **OTHER AGENCY ACCESS** |
|  | | | | **ALLOW** | **CANCEL** | |  |  |  |  |  |  |  |  |
| EMPLOYMENT MANAGEMENT  **EPM, PAYM, LCD, LDPR, EINQ POSM**  NEMP, ESMT, EICR, USR1, USR2, CADR, DEPTD, ADDR, ATTR, EMER, PASSDOC, EWRK, DEPTA, PDPR, ETRP, CHCK, EEDH, LCSN, ECMP, ETRP, LDPM, PSMT, PAMT | | | |  |  | |  |  |  |  |  |  |  |  |
| DEDUCTION MANAGEMENT  **DEDM, EPM**  NPD, TAX, PENS, MISC, MISA, MISR, FAMC, GARN, LEVY, SAVB, PDED, OTDED | | | |  |  | |  |  |  |  |  |  |  |  |
| PAYROLL MANAGEMENT  **ATLM, EPM, DEDM, LDPR, LEAVM, PAYM, QPCHK**  TADJ, ESMT, NPD, TAX, LDPM, LEAV, CHCK, PDED, PEND | | | |  |  | |  |  |  |  |  |  |  |  |
| TIME AND LEAVE MANAGEMENT  **ATLM, LEAVM, EPM**  TADJ, LEAV, ESMT | | | |  |  | |  |  |  |  |  |  |  |  |
| TRAINING, CERTIFICATION AND LICENSES  **LCD**  EEDH, LCNS, ECMP, ETRP | | | |  |  | |  |  |  |  |  |  |  |  |
| ESS PASSWORD RESETS  **EPM**  HRDOC | | | |  |  | |  |  |  |  |  |  |  |  |
| ESS Timesheet Approver | | | |  |  | |  |  |  |  |  |  |  |  |
| **Comments,** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Section 3: InfoAdvantage Report Access** | | | | | | | | | | | | | | |
| Should the User have InfoAdvantage Report Access? Yes  No | | | | | | | | | | | | | | |

After completion of this form, forward to: State Auditor’s Office or scan & email

Room 114, State Capitol to address below

Cheyenne, WY 82002

If you have questions please contact the Payroll Help Desk: [SAOPayrollHelpDesk@wyo,gov](mailto:SAOPayrollHelpDesk@state.wy.us)

The State Auditor’s HRM (Human Resource Management) access privileges to State employee information come with user responsibilities. Acceptance of these responsibilities is required for initial and continuing access to HRM. Please also be aware of the Statewide IT Policies and Standards, which can be found at [http://ets.wyo.gov/resources/policies-and-standards](http://ets.wyo.gov/resources/policies-and-standards%20) 1200-P142 - User Responsibilities.

As a user of the HRM and/or infoAdvantge system(s), I agree to be responsible and accountable for my activities and shall not violate or act with others to violate security policies, procedures, rules, standards, and applicable State and federal laws or regulations.

I agree to be continuously aware that all credentials (e.g., the combination of HRM and info User IDs and passwords) that allow access to any State information, data, or system are explicitly the property of the State of Wyoming and only to be used for conducting official business.

I agree I am responsible to protect the credentials assigned to me by the State Auditor’s Office and shall not share these credentials with anyone else. If credentials are compromised, lost, or stolen, I shall immediately report this to the agency HRM Authorized Liaison and the State Auditor’s Office.

I shall abide by all procedures pertaining to information security, confidentiality, and privacy when handling information owned by or entrusted to the State, for example information about vendors, payroll deductions, salaries, social security numbers, bank account numbers, etc. I agree to respect others’ privacy when handling their personal information and shall take appropriate precautions to protect restricted information, especially when transmitted or received via computer networks and all other communication sources.

I will not disclose restricted State information entrusted to my safekeeping to anyone not authorized to receive such information.

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| --- | --- | --- |
|  |  |  |
| Printed Name |  |  |
|  |  | User ID (HRM/InfoAdvantage ID) |
|  |  |  |
|  |  |  |
|  |  |  |
| Signature |  |  |
|  |  | Agency |
|  |  |  |
|  |  |  |
| Date |  |  |