



INTERIM – SCHEDULING DELEGATE ACCESS REQUEST FORM

INSTRUCTIONS:

1. A Manager or Supervisor must complete this form to request access to the Scheduling Delegate Access for their employee(s).
2. Carefully review the 'Delegate Access Level' below and assess the access need(s) of the employee(s).
3. Indicate the access profile being requested for the employee by checking the box next to the profile of choice.
4. [Submit](#) this form through MyConnection (KB0013509) *before Go Live*
5. *Post Go Live, you must use the 'User Access' tile on MyConnection*
6. Please refer to the KB00113598 for guidelines on 'how to' complete this form.

Part 1: REQUEST DETAILS

- Permanent Delegate Request
- Temporary Delegate Request

Date (From): _____ Date (To): _____

Reason for access request:

DELEGATE ACCESS LEVELS – DETAILS

SCHEDULER DESIGNATES	MANAGER DESIGNATE	
User will have access to view Unit Schedules with the ability to: <ul style="list-style-type: none"> ➤ Replace shifts ➤ Submit requests on behalf of an employee ➤ Viewing Unit schedules with authority over 	User will have access to the Manager Dashboard with the ability to: <ul style="list-style-type: none"> ➤ Approve and/or deny request (leaves, historical edits etc.) ➤ Approve and/or deny time card validation ➤ Replace shifts (applicable to Unit Scheduling – Non-central) 	
(Appropriate for Charge Nurses, Head Cooks, Unit Clerks, etc.)	HR Staff Scheduling (Central)	Unit Scheduling (Non – central)
	Scheduling completed by a central team	Scheduling completed by a role within the department/unit



Part 2: EMPLOYEE(S) INFORMATION

INSTRUCTIONS:

1. A Manager or Supervisor is required to accurately complete this page with employee(s) details.

#	EMPLOYEE NAME	EMPLOYEE ID	EMPLOYEE TITLE	FACILITY/LOCATION	DEPARTMENT NAME	PRIMARY PHONE NUMBER	DELEGATE PROFILE
<i>Ex.</i>	<i>Jane Doe</i>	<i>111111</i>	<i>Administrative Assistant</i>	<i>Royal University Hospital</i>	<i>SHA-RoyalUnivHospJPCH-NICL</i>	<i>555-555-5555</i>	<i>Manager Delegate – Unit Scheduling</i>
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Part 3: APPROVAL

User(s) Supervisor: By signing this form, I approve the access request change and certify that this user requires access to be added or changed (as indicated in this form) to perform his/her job duties.

Signature: *

_____ **First and Last Name**

Date: _____

*I understand that checking this box constitutes a legal signature.