

SCHEDULING SECURITY ACCESS REQUEST FORM

INSTRUCTIONS:

- 1. A Manager or Supervisor must complete this form to request access to the Scheduling Security Access for their employee(s).
- 2. Carefully review the 'Security Profiles' 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 KB0013601 for guidelines on 'how to' complete this form.

Part 1: REQUEST TYPE
□ New Request
☐ Change Request
Reason for access request or change:

ADDITIONAL DETAILS - SECURITY PROFILES

	SCHEDULER	HR S	STAFF SCHEDULING UNIT MANAGER	NON- HR STAFF SCHEDULING UNIT MANAGER		
User will have access to the Scheduling Dashboard with the ability to:		User will have access to the Manager Dashboard with the ability to:		User will have access to the Manager Dashboard with the ability to:		
>	Replace Shifts Create additional	>	Approve/deny leave requests	> >	Replace shifts Approve/deny leave	
ŕ	shifts	>	Approve/deny time validation/premiums		requests	
>	View and edit Unit schedules	>	View Unit schedules	>	Approve/deny time validation/premiums	
>	Vacant position management	A	Create additional shifts Replace shifts	A .	View Unit schedules Create additional shifts	
>	View audits	<u> </u>	View audits of shifts and	>	View audits of shifts and	
>	Submit requests on behalf of an employee		requests		requests	
		>	Submit requests on behalf of an employee	>	Submit requests on behalf of an employee	

Part 2: SYSTEM ACCESS
Please indicate the profile for which you are requesting access.
Security Profile
☐ Scheduler
☐ HR Staff Scheduling Unit Manager
☐ NON - HR Staff Scheduling Unit Manager
*See second page for 'Part 3'.

Part 4: APPROVAL

User(s) Supervisor: By signing this form, I	approve the access reques	st change and certify the	at this user requires
access to be added or changed (as indica	ited 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.



Additional SECURITY ACCESS

Part 3: 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	SECURITY PROFILE
Ex.	Jane Doe	111111	Administrative Assistant	Royal University	SHA-	555-555-5555	Scheduler
				Hospital	RoyalUnivHospJPCH-		
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