# WEB*SALARY ACCESS AUTHORIZATION FORM

NEW ACCESS ☐ ADDITIONAL ACCESS ☐ REMOVE EXISTING ACCESS ☐

| EMPLOYEE LAST NAME | EMPLOYEE FIRST NAME | EMPLOYEE ID | USER ID |
|---|---|---|---|
| | | | |

| HOME ORGN | DEPARTMENT NAME | EMPLOYEE TITLE | OFFICE PHONE |
|---|---|---|---|
| | | | |

Request to gain access to (Select all that apply, then complete the corresponding sections):

- ☐ **Fiscal Position Summary and Detail Display**
- ☐ **Departmental Roster**
- ☐ **Leave Balances**
- ☐ **Personnel Action Forms**

*For any questions, email HRIS@drexel.edu*

## FISCAL POSITION SUMMARY and DETAIL DISPLAY

*This will allow the viewing and download of all salary charges by fund and organization combinations, regardless of where the employee reports.*

***Note: If access to ALL funds is required, then enter the word 'ALL' in the Fund Code column.***

| FUND | ORGN | FUND TITLE | FUND | ORGN | FUND TITLE |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
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## DEPARTMENTAL ROSTER

*This will allow the viewing and download of all employee information across all funds for a specific organization regardless of where the employee reports.*

| ORGN | ORGN | ORGN | ORGN | ORGN | ORGN | ORGN | ORGN |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

## LEAVE BALANCES

*This will allow the viewing and printing of the Department's Leave Time Rosters based on Timesheet Orgn.*

| T/S ORGN | T/S ORGN | T/S ORGN | T/S ORGN | T/S ORGN | T/S ORGN | T/S ORGN | T/S ORGN |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

## PERSONNEL ACTION FORMS (PAF)

*This will allow the viewing and printing of ALL PAFs for a specific Timesheet Orgn by ECLS.*

***Note: If access to ALL employee classes (ECLS) is required, then enter the word 'ALL' in the ECLS column.***

| T/S ORGN | ECLS | ECLS DECRIPTION | T/S ORGN | ECLS | ECLS DECRIPTION |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Approvals: | Print Name | Signature | Date |
|---|---|---|---|
| DIRECTOR / DEAN | | | |
| VICE PRESIDENT | | | |
| OFFICE OF RESEARCH** | | | |
| PRESIDENT | | | |

****If Research Funds are requested, signature approval will also be required from the Office of Research 3201 Arch Street, Suite 100.**

**SUBMIT TO:** HRIS 3201 Arch Street, Suite 430, Philadelphia, PA 19104 Fax (215) 895-1751