

**Request for Access to Human Resources Systems
Brookhaven National Laboratory**

Name: _____
Life Number: _____
Department Code: _____
Extension: _____

✓ Check Appropriate boxes:

- Employee Records
- LCDS
- Guest System
- Salary Review
- Report Access:

 (Name(s) of Report(s))

Describe in detail what is needed (attach additional pages):

Department/Division Manager Approval:

Print/Sign

Date: _____

For Human Resources Division Only

Add	Remove	<u>Role</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Row (Dept) Access

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

HR Approval:

Print/Sign

Date: _____

<u>For BSD Use:</u>	
Referral: _____	Notes: _____

Rev. 03/20/03	

Return to Bonnie Miller, Building 185, Fax # 7170