



Ensure that the most current form is submitted. Refer to EMACS Forms/Procedures website.

# SECURITY ACCESS REQUEST FOR EMACS

## ONE FORM PER POSITION

Add Position Security    
  Revise Position Security    
  Delete Position Security

Must print in Black or Blue Ink ONLY

Position No.	Employee ID	Employee Name

**Note: Access may be granted by an individual department ID or a range of department IDs**

Please ADD the following Department ID ranges to the access type(s) checked below:

Dept. From	Dept. To	Dept. From	Dept. To	Dept. From	Dept. To

Please DELETE the following Department ID ranges to the access type(s) checked below:

Dept. From	Dept. To	Dept. From	Dept. To	Dept. From	Dept. To

For information on what each access type encompasses, refer to policy and procedure manual

### SECURITY ACCESS

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Payroll Specialist | <input type="checkbox"/> ePerformance Department Administrator               | <input type="checkbox"/> Phone Coordinator            |
| <input type="checkbox"/> Manager/Supervisor | <input type="checkbox"/> Automated Wage Progression Department Administrator | <input type="checkbox"/> Modified Duty Representative |
| <input type="checkbox"/> Budget Preparation |  | <input type="checkbox"/> Other: _____                 |

### ETIME ACCESS (eTime Departments Only)

- |  |   |
|--|---|
| <input type="checkbox"/> DTA – Departmental Time Administrator     | <input type="checkbox"/> DTR – Departmental Time Reporter |
| <input type="checkbox"/> DSA – Departmental Security Administrator | <input type="checkbox"/> Read Only Access                 |

### ONLINE PERSONNEL REQUISITION / NEOGOV (System Application Set-up)

- |   |   |
|---|---|
| <b>Role:</b><br><input type="checkbox"/> Requestor<br><input type="checkbox"/> Hire Processor<br><input type="checkbox"/> Approver (Select approval level)* | <b>*Approval Level:</b><br><input type="checkbox"/> Department<br><input type="checkbox"/> Administrative<br><input type="checkbox"/> Department Head |
|---|---|

\* Select appropriate approval level when Approver Role is selected

Other/Comments \_\_\_\_\_

~ All signatures must be obtained for Security Request to be approved and entered into EMACS ~

Department Contact (Print Name)	Department	Phone Number	Date
<b>** Appointing Authority or Designee Name (Print &amp; Sign)</b>		<b>Phone Number</b>	<b>Date</b>
<b>Human Resources Officer (HRO) Signature (Print &amp; Sign)</b>		<b>Phone Number</b>	<b>Date</b>

\*\* Appointing Authority understands it is the departments responsibility to maintain and update position security as employees move in and out of the department

This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

Keyed By (Employee ID)	Date

**DISTRIBUTION:**

Security Access Form– EMACS Development Team (0440) - [EMACS-SecuritySupport@hr.sbcounty.gov](mailto:EMACS-SecuritySupport@hr.sbcounty.gov)  
 Online PR/NEOGOVS- send *additional* copy to: HR-Employment (0440) – [Employment@hr.sbcounty.gov](mailto:Employment@hr.sbcounty.gov)