



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)

- | | |
|---|---|
| Role:
<input type="checkbox"/> Requestor
<input type="checkbox"/> Hire Processor
<input type="checkbox"/> Approver (Select approval level)* | *Approval Level:
<input type="checkbox"/> Department
<input type="checkbox"/> Administrative
<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
** Appointing Authority or Designee Name (Print & Sign)		Phone Number	Date
Human Resources Business Partner (HRBP) Signature (Print & Sign)		Phone Number	Date

** 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
 Online PR/NEOGOVS- send *additional* copy to: HR-Employment (0440) – Employment@hr.sbcounty.gov