INFORMATION + TECHNOLOGY SERVICES

REQUEST FOR ACCESS TO THE AMS SYSTEM -- CENTRAL OFFICE: PAYROLL DEPARTMENT

Current Date _____ 20 _____ Effective Date_____20____

INSTRUCTIONS

i. Print clearly & complete all applicable sections.
ii. Keep a copy of this form for your records.

AMS System Access
Email to: access.easi@utoronto.ca

SECTION 1: APPLICANT INFORMATION

Check one: ❒ Update existing AMS System User ❒ New AMS System User

❒ **CASUAL EMPLOYEE:** Casual Employed By – ❒ U/Temp ❒ Direct by department ❒ External Co.

Start Date: _____ **Termination Date:** _____

AMS SYSTEM USER ID	Personnel No.	Staff Appointed Employee Position No.	Org Unit

Applicant Name: _____ _____ _____
Last name (Please print) *First name* *Initial*

Faculty/ Division/Campus: _____ Department _____

Job title: _____ Phone #: _____

Applicant Email: _____ Fax #: _____

Contact Person: _____ Contact Person Email: _____

CENTRAL HR OFFICE: PAYROLL

ONE ROLE ONLY -- DESCRIPTION

DISPLAY

- **Jobs, Org Units & Positions:** Display all HR Jobs, Organizational Units and Positions in the Organizational Management Module
- **Labour Relations:** Display special Labour Relations Access in Organizational Management
- **All Employee PA DATA:** Display all employee Infotypes in Personnel Administration
- **All Employee Benefits:** Display all employee Infotypes in Benefit Administration
- **Year End Adjustments:** Display for infotype IT0077
- **Garnishee:** Display garnishees
- **Payroll Reporting**: Display payroll reporting documents - Payroll Reports & Payroll Distribution

UPDATE

- **All HR Positions in Organizational Mgmt:** Update all HR positions in the Organizational Management Module
- **All Employee PA DATA**: Update all employee Infotypes in Personnel Administration
- **All Employee Benefits**: Update all employee Infotypes in Benefit Administration
- **Year End Adjustment:** Update for infotype IT0077
- **Garnishee:** Update garnishees

OTHER	

Signature Authorization

SECTION 2: SIGNATURE -- PLEASE SIGN AND OBTAIN DEPARTMENT HEAD'S SIGNATURE OF APPROVAL FOR AMS ACCESS REQUESTED.

_____ _____
Applicant Signature *Date*

_____ _____ _____
Department Head's Name (Please print) *Title* *Univ.Tel.#*

_____ _____
Department Head's Signature *Date*