USER AUTHORIZATION
ONLINE POSITION DESCRIPTION AND RECRUITMENT SYSTEM (OPDRS)

Employee Name (first, middle initial, last)		WSU ID	
Employee Email Address	Employee Telephone	Work Location	Campus Zip
Employee Department Name/Number		Area #	Department Contact (Name/Telephone)

Appropriate Use Statement

I understand I am responsible for respecting the confidentiality of information accessed via computer information systems. I understand that this information is to be used for official university purposes only. Misuse of systems information can result in termination of employment or other disciplinary actions. The security of information is provided for by federal and state laws and University regulations (see BPPM 90.05, 90.06, and 90.07, and Executive Policy Manual EP8).

I understand I am responsible for safeguarding my assigned password. I will not share my password with others. I will store passwords in secure locations. I will contact Information Technology if I suspect that my password has been compromised.

I understand unauthorized access to and/or unauthorized use of the University's computer systems or electronic databases may constitute criminal acts under RCW 9A.48.070-.100 and RCW 9A.52.110-.130.

I have read and understand the above statement.

Signature:_____ Date: _____

Employee signature is **NOT** required to terminate access.

Add	Update	Delete	User Type (please select only one access type)
☐	☐	☐	Hiring Manager (Create and Modify Position Descriptions)
☐	☐	☐	Personnel Administrator (Create and Review Position Descriptions)
☐	☐	☐	Appointing Authority (Approve Position Descriptions. Must have delegated Appointing Authority access - see BPPM 60.10)

List all specific Area #(s)/Supervisory Organizations/Department Name(s) access is needed for:

Authorization is valid while employee is within the organization specified or until revoked by appropriate department personnel.
Completion of this form does not grant security access to Workday. To grant Workday security access, the Security Partner must submit the request directly through Workday.

Area Finance Officer/Appointing Authority *(Print)*	Signature	Date
Email Address	Telephone	

Route completed form and questions to Human Resource Services Compensation, hrs.compensation@wsu.edu