

## myHR Web Service Request Form

Please type or print legibly

REQUESTOR'S	INFORMATION
-------------	-------------

Requesting Department:	School or Administrative Unit:
Name of Primary Responsible Contact (Last, First):	Email Address:
Job Title:	Existing Service Account (if applicable):
WEB SERVICES & MESSAGES	
Select the service(s) that you are requesting access to:  Primary Demographic: all active and terminated individuals in myHR, i employees, retirees, and persons outside the institution. For those with m or POI assignments, the primary job/instance will be returned.  All Appointments: all active and terminated individuals in myHR, include employees, retirees, and persons outside the institution. For those with m or POI assignments, all jobs/instances will be returned.  Primary Demographic and All Appointments: combines the data from the Primary Demographic and the All Appointment.  Future Hire/Rehire: all future-dated hire/rehire individuals and/or jobs/appointments.  Reports To: all current approver (supervisor) information for individuals  Future Reports To: future-dated approver (supervisor) information	employees and persons outside the institution (POI).  myHR NetID Updates: messages are triggered when NetIDs are sent from the Identity Management System to myHR, including new, deleted, and updated NetIDs.  Describe the business purpose/system implementation for which you are requesting this information (attach additional detail if necessary):
this section when requesting access to those other services.  If requesting access to an entire school or administrative unit, indicate  Or, enter the specific HR Department ID for the department(s) for which	ch access is being requested:
6-digit Dept ID Department Name	6-digit Dept ID Department Name
SIGNATURE & ADDROVALS	
repurposed for any other use or provided to any other individuals un  I understand that some information retrieved from myHR services/m users authorized to access the data agree to abide by all policy and la	nessages may be protected by institutional policies and/or local, state, or federal laws. All aw governing the use of such data.  It is this person's responsibility to ensure that
Primary Contact's Signature: Date:	Authorized School/Unit Administrator's Signature: Date:
HR Authorization Signature (to be completed by HR): Date:	Authorized School/Unit Administrator's Name: (print)
Submitting Form: Form must be complete with all signatures, printed nam Chris Tondini, myHR, 1800 Sherman Road, Suite 600, Evanston or tondini@	nes, and dates; the School/Unit Administrator signature must be original. Send completed form to Pnorthwestern.edu. Incomplete forms will be returned to the requestor.
Service Account ID: Footprints #:	HR Authorization Signature & Date: