***This form is to be completed for OM Access on SAP HR & Payroll system only****.*

***The form is to be completed by the Employee and approved by the Line Manager and Senior Manager. Please submit the completed form to HRINTEGRATION@HSE.IE***

Please note the following;

* The SAP HR & Payroll Access and Training Request Form is required for all other SAP HR &Payroll Access

(Can be downloaded from: [*https://sapccc.hse.ie/weblog/logon.asp?URL=/weblog/main/default.asp*](https://sapccc.hse.ie/weblog/logon.asp?URL=/weblog/main/default.asp))

* Access to SAP is via Citrix; this should be requested via National Service Desk (*Ivant*i**).**

***Section 1: Employee Details (Please Use Block Capitals)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee No.** | **First Name** | **Middle Name** | | **Surname** | **Grade** |
|  |  |  | |  |  |
| **Your Division** | | |  | | |
| **Work Email Address** | | |  | | |
| **Telephone Number** | | |  | | |

***Section 2: Level of Organisational Management Access Required (Please Tick)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisational Management Administration** | **Update Access** | **Amend Organisational Units and Positions on Organisational Structure** | **🞎** |
| **Organisational Management** | **Read Only** | **Display Access to the Organisational Structure** | **🞎** |
| **New SAP HR User** | **🞎** | **If Existing SAP HR User, please provide User ID** |  |
| **Please identify the area of the Organisational Structure access is required to, e.g. Hospital Group, CHO Area** | |  | |
| **Enter Org Unit No(s) if known \*** | |  | |

*\*Please contact the HR Integration team @* [***HRINTEGRATION@HSE.IE***](mailto:HRINTEGRATION@HSE.IE) *for further information on Org Unit Nos if not known.*

***Section 3: To be completed by Line Manager***

|  |  |
| --- | --- |
| **Line Manager Name** |  |
| **Line Manager Email** |  |
| **Line Managers Phone Number** |  |
| **Line Manager Grade** |  |
| **Line Managers Signature** |  |
| **Date** |  |

***Section 4: Approval to be completed by Senior Manager (Grade 8 and above)***

|  |  |
| --- | --- |
| **Approval Manager Name** |  |
| **Approval Manager Grade** |  |
| **Approval Manager Signature** |  |
| **Date** |  |