



Government Integrated Human Resources Payroll System

Application for systems Access

This form is to be completed by intending users of the Government Integrated Human Resources Payroll system. Before requesting for access to the system, users must undergo all the approved training programs and their competency level assessed by the trainer. Except for Department of Personnel Management and Finance ITD staff who have access to whole of Government records, all other request will be limited to their respective organization.

| | | |
|-----------------------|------------|------------------|
| Employee Payroll No: | | |
| Employee Name | Surname | Other Name |
| | | |
| Job Title/Designation | Department | Division/Section |
| | | |

- 1 What access level are you requesting? View Only Add & Update Records
- 2 User Access similar to _____ others _____
Employee name and user name
- 3 Have you had access to the system in your current or previous employment: Yes No
- 4 *Previous user name* _____
- (If answer is yes to question 2, sign below and proceed to part B)*

Applicant:

I, *(print)* _____ have read and understood the “Conditions of Access-Confidentiality Agreement” *(in Part C)* and agree to abide by these conditions. I also agree to act in accordance with the “Public Service Code of Business Ethics and Conduct” issued under the Public Services (Management) Act and “General Orders”

Signed: _____ Date: _____ Witness Name: _____ Signature: _____

Part A

Applicants Training information

This section to be completed by the trainer or the supervisor of the applicant, all new user of the system must complete this part. Trainers comments on the skill and competence level should include applicant’s knowledge on business processes for various allowances and mandatory deductions for Salary and allowances stipulated under the Public Service General Order.

Name of Trainer/Supervisor _____ Organisation _____

Trainer or supervisor’s comments on the applicant’s competency level;

| Courses attended | Venue and trainer | Date Attended | Competency Level %/100% |
|--|-------------------|---------------|-------------------------|
| Navigation and reporting | | | |
| Create and Update records <u>Data Entry</u> Structure load <input type="checkbox"/> tick Employee Hire <input type="checkbox"/> tick Allowances <input type="checkbox"/> tick Deductions <input type="checkbox"/> tick Leave Booking <input type="checkbox"/> tick Overtime <input type="checkbox"/> tick Shift work <input type="checkbox"/> tick | | | |
| Systems Configuration <u>Systems Administrator</u> | | | |
| Stage 1 <input type="checkbox"/> tick Stage 2 <input type="checkbox"/> tick Stage 3 <input type="checkbox"/> tick | | | |

Trainers Name: _____ Signature _____ Date _____

| | | |
|--|-----------------------------------|-------------------------|
| Please state the reason for access and the type of work to be undertaken: | | |
| Environment Training: <input type="checkbox"/> Test: <input type="checkbox"/> Production: <input type="checkbox"/> | Start Date: | Expiry Date (if known): |
| Supervisor Name (Print): | Supervisor Work Location (Print): | |
| Title/Designation (Print): | Contact: (Print): | |
| I hereby confirm that the abovementioned Employee has undertaken formal Training in IHRM/ Payroll systems and having met all the prerequisites. The employee is eligible to have access to Payroll and Personnel related data in accordance with the set rules and regulations to perform official duties. On the basis that the Employee understood and accepted the necessary Conditions of Access & Confidentiality agreement in "part C" of this application. I hereby support the request for you to give appropriate level of Access based on the above information. | | |
| Furthermore I accept the responsibility of supervising the user and I shall notify you in writing if employment circumstances regarding this Employee change, such as Termination, Transfer or Promotion to different work, in which case it is important that System Access be revoked. | | |
| Signed: | Date: | |

| | |
|--|--|
| <p><u>Endorsement by Departmental Head or Delegate</u></p> <p>Name:</p> <p>Signature:</p> <p>Date:</p> <p style="text-align: center;"><i>Stamp</i></p> | <p><u>Endorsement by Department Personnel Management</u></p> <p>Approved: <input type="checkbox"/> Tick Not Approved: <input type="checkbox"/> Tick</p> <p>Name:</p> <p>Signature:</p> <p>Date:</p> <p style="text-align: center;"><i>Stamp</i></p> |
| Supervisor Contact: | DPM Contact Number: |

Conditions of Access/Confidentiality Agreement

(Please take a copy of this agreement for your records and return original with this form)

Introduction

Staff allocated access to the GOVERNMENT HRM/PAYROLL SYSTEM are given access to a high level of confidential matters and associated responsibility in regard to access to personal information and/or processing. In order to ensure that there is no ambiguity with respect to your access, the following requirements are listed. Once you have signed the agreement and other attached documents you will be allocated a login Id and you are required to agree to these expectations prior to gaining access to the system. Failure to comply with these requirements once you have signed this document may result in disciplinary action being taken. This document will also be useful to you when and if you are challenged by others in regard to non-release of information and/or keeping matters confidential:

High Level of Confidentiality

I agree that I will not divulge any details in relation to any employee's personal details, pay details, disciplinary matters, outside employment details or similar information with anyone except the individual concerned, the individual's immediate supervisor or another Human Resources Officer without the prior approval of a senior Human Resources Officer.

I agree to ensure that personal information is only supplied to other organisations or agencies when a formal written request from that agency is supplied and approved. If there is any doubt in regard to the validity of a request, I agree to discuss this with a senior Human Resources Officer and obtain the necessary approval.

I will not access any personal details or Human Resource files unless I have a work related reason to do so. I also agree to use caution when discussing Human Resource matters when people other than Human Resources staff are present.

My Own Records

I agree that I will not alter or update my own manual or electronic personal details or pay records regardless of how important or insignificant this information may be.

Access to Personal Files

I agree not to allow another staff member to view his or her own personal file unless appropriate written application and approval has been obtained and the employee is suitably supervised.

Documentation

I agree that I will not amend any personnel records unless I have received the necessary authorised documentation. If an approved checklist has been documented to cover the transaction, I agree to follow the documented process. If adjustments are made as a result of a telephone or personal discussion this will be documented by way of a file note/memo.

Security

I agree not to provide any person with my access key/password. I also agree to ensure that when I am not in attendance at my workstation I will ensure that my PC is secure by either logging off the system and/or locking the system so no one else can have access.

Access is **NOT TRANSFERRABLE**. A user must not transfer their password(s) to any other person or organisation. This includes Casual and Leave Relief staff. Passwords must not be easily guessed or written down.