



MURRAY STATE UNIVERSITY
Departmental Query Request Form for HR/Payroll Access

Employee Requesting Access:

			M
Last Name	First Name	Middle Initial	M Number (8 digits)

Home Dept Name:		Position Number:	
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Email:	@murraystate.edu	Campus Phone:	
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I understand that all information I have access to via the below Banner forms must be kept completely confidential. I will not in any manner, directly or indirectly, make known any confidential information to anyone or permit any person(s) to have access to confidential information that is not authorized.

Signature of Employee Requesting Access	Date

Employee Approving Access:

The above employee is approved to view all HR/Payroll data available via the following myGate forms for all employees assigned to the Org codes provided below. Access will be given to all of the forms below. Individual form access is not available.

Instructions for each form are available on myGate (click Help at the upper right corner of myGate).

- NBIJLST** View position number(s) for employee at given date
- PPAIDEN** View basic biographic/demographic data about employees
- NBAPBUD** View the status of the budget for a position and the salary paid to date
- NBIPORG** View positions that have been set up for a specific Org
- PEALEAV** View annual leave balances for specific employee
- POIIDEN** Search form to find M Numbers

Org Code	Org Description	Check One
_____	_____	Add <input type="checkbox"/> Remove <input type="checkbox"/>
_____	_____	Add <input type="checkbox"/> Remove <input type="checkbox"/>
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_____	_____	Add <input type="checkbox"/> Remove <input type="checkbox"/>
_____	_____	Add <input type="checkbox"/> Remove <input type="checkbox"/>

The above employee acknowledges the potential confidential nature of these forms to which he/she is approved to view. These forms will provide HR/Payroll data for all employees assigned to the Org codes provided above. I certify that I have the authority to authorize this HR/Payroll access for this employee and assume responsibility to change or revoke their access should their status and/or job change. Please attach an Additional Sheet if necessary.

Print Full Name of Employee Approving Access	Signature of Employee Approving Access	Date

Please submit this form to Accounting and Financial Services, 200 Sparks Hall or Fax to 809-3014

FOR OFFICE USE ONLY:				
PTRUSER	<input type="checkbox"/>	PSAORGN	<input type="checkbox"/>	GOAEACC ID <input style="width: 150px;" type="text"/>
				Initial and Date _____