CSUN | CALIFORNIA STATE UNIVERSITY NORTHRIDGE

EAB Navigate
ACCESS REQUEST FORM

[Print]   [Reset Form]

1. USER INFORMATION (Note: If you don't know the Operator ID number, leave the field blank.)

Name, Last: _____   First: _____   Middle: ____   Employee ID #: _____

Job Title: _____   Effective Date: _____

E-mail: _____   Ext: ____   Operator ID #: _____

Dept Name: _____   Dept ID #: _____

2. REQUEST TYPE
☐ New Access   ☐ Modify Access

3. EMPLOYEE STATUS
☐ Permanent   ☐ Temporary   ☐ Student Worker   ☐ Auxiliary

4. SELECT APPLICABLE ROLES:

☐ Add ☐ Delete   **Administrator**

☐ Add ☐ Delete   **Athletics**

☐ Add ☐ Delete   **Faculty Advisor**

☐ Add ☐ Delete   **Front Desk Staff**

☐ Add ☐ Delete   **Front Desk Student Assistant**

☐ Add ☐ Delete   **Location Administrator**
Dean, Associate Dean, Director

☐ Add ☐ Delete   **Peer Advisor/Mentor**

☐ Add ☐ Delete   **Professor**

☐ Add ☐ Delete   **Staff Advisor**

☐ Add ☐ Delete   **Tutor/SI Leader**

5. APPROVALS

MPP Administrator, Financial Manager, EOP Director, SOLAR Coordinator, and Dean: My signature certifies that the employee requires the above indicated field within the PeopleSoft system to perform their job duties. I understand that it is my obligation to ensure that adequate training is provided to the employee in compliance with state and federal laws, and University policies governing access to information contained in employee, applicant, and student records.

Applicant's Supervisor   Print_____   Signature   Date _____
                                                         E-mail _____

EAB Navigate Gatekeeper   SHALLY DHIMAN   Signature   Date _____

EAB Navigate
Security Administrator   SHELLY THOMPSON   Signature   Date _____

6. Send the completed form to EAB Navigate Gatekeeper at UN 215, Mail Code 8203. Questions call ext. 2969.

Revised: 2/19/19