## California State University, HR-Data Operations Campus Information Retrieval System \*\*\* ACTION REQUEST \*\*\*

| User Information Complete to add, change or delete access. |  |              |                         |                      |                           |
|--|--|--------------|-------------------------|----------------------|---------------------------|
| Campus/Agency:   |  |              |                         | Section:             |                           |
| Employee Name:   |  |              |                         | SSN #:               |                           |
| Employee Userid:   |  |              |                         |                      |                           |
| Employee Email:  |  |              |                         | Phone:               |                           |
| Supervisor:  |  |              |                         | Phone:               |                           |
|  |  |              |                         |                      |                           |
| Access Inform  |  |              |                         |                      |                           |
| Basic System:  | Standard   | Restricte    | d (attach a memo listii | ng the files/reports | the user cannot access)   |
| Online Application(s):                                     | ☐ IPEDS ☐ MPP Job Code Table ☐ Seniority Points                                |              |                         |                      |                           |
| Timeframe:   | Standard Restricted (specify days: and hours:)                                 |              |                         |                      |                           |
| Duration:  | ☐ Indefinite ☐ Expiration Date:  |              |                         |                      |                           |
| File Transfer:   | ☐ Download ☐ Upload  |              |                         |                      |                           |
|  |  |              |                         |                      |                           |
| Hardware Info  | rmation Cor  | mplete for a | new user, or to cha     | nge hardware fo      | or an existing CIRS user. |
| Printer Id:  |  |              |                         |                      |                           |
| Terminal Id(s):  |  |              |                         |                      |                           |
|  |  |              |                         |                      |                           |
| CIRS Campus  | Security Coo   | rdinator (   | Complete and subm       | it form to HR-Da     | ata Operations.           |
| Action:  | Add/Change Access (If adding access to Basic System, attach PSD108)            |              |                         |                      |                           |
|  | ☐ Change Hardware  |              |                         |                      |                           |
|  | ☐ Delete Access (Specify reason for deletion and indicate library disposition) |              |                         |                      |                           |
|  | Reason: Separated Job Change Duration Expired                                  |              |                         |                      |                           |
|  | Library:   | ☐ Delete     | Copy To Userid:         |                      | Save Until:               |
| Coordinator Name:  |  |              |                         | Phone:               |                           |
| Signature:   |  |              |                         | Date:                |                           |
|  |  |              |                         | ·                    |                           |
| HR-ISA Information Security Officer                        |  |              |                         |                      |                           |
| Action:  | ☐ Access   | ☐ Deletion   | ☐ Add/Change Hai        | dware                |                           |
| Signature:   |  |              |                         | Date:                |                           |
|  |  |              |                         | ·                    |                           |
| SCO Information Security Officer                           |  |              |                         |                      |                           |
| Signature:   |  |              |                         | Date:                |                           |

## **CIRSO01 COMPLETION INSTRUCTIONS**

Complete the sections indicated below to request/change access to CIRS, delete a current CIRS user, or to add/change hardware used for CIRS. If you have questions, call the CIRS Hotline at 916-323-5694.

User Information - Complete to add, change or delete access.

| Campus/Agency:   | Enter the name of your campus or agency.                       | Section: | Enter the area or department where the employee works.                                   |  |
|------------------|--|----------|--|--|
| Employee Name:   | Enter the employee's first name, middle initial and last name. | SSN #:   | Enter the employee's social security number.<br>Note: Leave blank if form will be faxed. |  |
| Employee Userid: | Enter the employee's 5-character userid, if already assigned.  |          |  |  |
| Employee Email:  | Enter the employee's email address.                            | Phone:   | Enter employee's phone number.   |  |
| Supervisor:      | Enter the name of the employee's supervisor.                   | Phone:   | Enter the supervisor's phone number.   |  |

Access Information - Complete to add or change access.

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|---------------------------|--|--|--|--|--|
| Basic System:             | Check 'Restricted' only if the employee should not access certain data files and/or Compendium reports in the Basic System. Otherwise check 'Standard'. If restricted, attach a memo listing the specific files and/or reports the user cannot access. |  |  |  |  |
| Online<br>Application(s): | Check one or more application(s), if needed. Note: The employee must have access to the Basic System in order to access the online applications.   |  |  |  |  |
| Timeframe:                | Standard access is Monday thru Saturday, from 6 am to 7 pm. To further limit access, select 'Restricted' and specify days and hours. Note: CIRS is not available on Sunday, before 6 am, or after 7 pm.  |  |  |  |  |
| Duration:                 | Check 'Expiration Date' and enter a date, only if access has a limited timeframe. Otherwise, check 'Indefinite'.   |  |  |  |  |
| File Transfer:            | Check 'Download' if the employee will transfer data from CIRS to a PC. Check Upload if the employee will transfer data from a PC to CIRS.  |  |  |  |  |

Hardware Information – Complete for a new user, or to change hardware for an existing CIRS user.

| Printer Id:     | Enter the id number of the employee's default printer for CIRS reports. Other mainframe printers, if available, will be automatically designated as alternates. |
|-----------------|---|
| Terminal Id(s): | Enter the id number of the terminal(s) the employee will use to access CIRS   |

Note: Hardware used for CIRS must be approved by the SCO before submitting the CIRS001 request. For questions about the teleprocessing security requirements, contact the State Controller's Security Administrator, Georgia Matthews, at (916) 322-3055 or by email at gmatthews@sco.ca.gov.

CIRS Campus Security Coordinator - Complete and submit form to HR-Data Operations.

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|---|---|--------|---------------------------------------|--|--|
| Action:   | Check the appropriate action(s) requested. If needed, the PSD108 can be printed from the CIRS website at: <a href="http://www.calstate.edu/hrpims/CIRS_Access_Forms.htm">http://www.calstate.edu/hrpims/CIRS_Access_Forms.htm</a> |        |                                       |  |  |
| Coordinator Name:   | Enter the name of the primary or alternate CIRS Security Coordinator.   | Phone: | Enter the coordinator's phone number. |  |  |
| Signature:  | nature: Required signature of the primary or alternative CIRS Security Coordinator entered above.   |        | Enter the current date.               |  |  |

Completed forms can be faxed with the SSN# blank to 916-322-8102, or mailed to:

CSU, HR-Data Operations 300 Capitol Mall – 10<sup>th</sup> Floor P.O. BOX 942850 Sacramento CA 94250-5878