

SAP Access & Training Request Form



This form is to be completed when a new user requires access to **SAP HR /PAYROLL**, an existing user amended or a user reactivated after a period of non-use. This form should also be used for new or additional training requests. **New users will not be assigned access until training is completed.**

Access to Citrix is required for SAP access; this should be requested via local ICT department.

Access Area Required	Approval Required From
National Access (all HSE areas)	National Director of HR
Hospital Group / CHO Area	Relevant HR/CHO Manager
Voluntaries / TUSLA	HR Manager
Local Areas	Line Manager

Section 1: Employee Details (Please use block capitals)

Employee No	First Name	Middle Name	Surname	Grade

Work Location:	
Email Address:	
Telephone No.:	
Line Manager Name:	
Line Manager Email / Telephone No.:	
Org Unit: (required for Time Entry access, if left blank access will be assigned to users own organisational unit)	

Section 2: Action Required

New User (enter yes/no)	Amend User (enter username)	Re-activate User (enter username)

Date Required From:		Date Required To:	
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Is the user replacing an existing user? (yes/no)	If 'yes', enter username	Is this user to be deleted?
Area access required to – Enter NW, MW, MA, WA, NE, or EAST (Enter Company Code required for East):	Enter Personnel Area access required for:	

Users must also complete Section 3 for Access and Training Requirements

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Section 3: Access / Training Requirements for:

Employee Name:

This section must be completed by the users Line Manager for new users or for users requiring refresher or additional training/ additional access. The requirements must be relevant to the system functions the employee is required to perform as part of their job role and justification for access provided.

SAP Navigation	Introduces the new user to the basic steps required in the use of SAP	<input type="checkbox"/>
SAP HR & PY System Integration Overview	Introduces the new user to the HR & Payroll system focusing on the integration points across the modules OM, TM, PA and PY	<input type="checkbox"/>
OM Administration	Provides an understanding of Organisational Management theory and to learn how to use the Organisation and Staffing (PPOME/ PPOSE) functionality in SAP.	<input type="checkbox"/>
HR Enquiry	HR Master Data Enquiry.	<input type="checkbox"/>
PA Update/HR Actions	Personnel Administration / HR Actions	<input type="checkbox"/>
T & E Administration	Training & Events module. Setting up and recording attendances on training course	<input type="checkbox"/>
Time Administration/Entry	Time entry using Time Managers Workplace	<input type="checkbox"/>
Line Management Reports	Management Reporting Reports	<input type="checkbox"/>
Travel Administration	Travel Entry and Reporting	<input type="checkbox"/>
Payroll Administration	Payroll administration access specific for users in payroll departments	<input type="checkbox"/>
Payroll Payment Processing	Payroll processing and reporting	<input type="checkbox"/>
Finance	Financial postings from SAP to Financial systems	<input type="checkbox"/>
Custom training session	<i>(Please enter details of any other training required)</i>	

Other relevant information required e.g. specific transaction code(s):	
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Justification for access: (must be completed)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black;"/>
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Section 4: Approvals for:

Employee Name:

Line Manager Approval (required for all User Requests)

It is the responsibility of the Line Manager to:

Ensure that the correct access relating to the user's position is approved for the user.

Discuss the Terms and Conditions attached to SAP Access with the user.

Notify SAP Security if user leaves the organisation, takes extended leave of absence or changes jobs.

Name: _____ Signature: _____ Date: _____
Block Capitals

Email Address: _____ Telephone No.: _____

National Director of HR Approval (where applicable)

Name: _____ Signature: _____ Date: _____
Block Capitals

HR Manager / CHO Manager Approval (where applicable)

Name: _____ Signature: _____ Date: _____
Block Capitals

HR Manager Approval Voluntary/TUSLA (where applicable)

Name: _____ Signature: _____ Date: _____
Block Capitals

SAP User Agreement Form

The following terms and conditions attach to your SAP authorisation:

- You are authorised to access employee data and perform transactions that are allowed by the security profile attached to your User ID.
- You may only perform those transactions for which you are authorised to perform.
- You may not use another person's User ID to perform transactions.
- You may not disclose your User ID and password to another person.
- You must log off the SAP system when not at your desk to ensure that others may not gain unauthorised access to the system.
- The information on the SAP system is confidential. You may access and use this data only in the performance of your duties. You may not disclose this information to anyone not authorised to have access to it. The Data Protection Act covers the information held on the SAP system. Employees have a right to expect that this information is retained in confidence. Inappropriate access and use of such information is a breach of the data protection legislation.
- Breaches in the terms and conditions outlined above may be subject to disciplinary proceedings.

Remember: All transactions / changes on the SAP system are attached to the name of the user. If your User ID is attached to an action, you are presumed to have carried out the action.

I have read the above terms and conditions and agree to abide by them.

Employee Name: _____
Block Capitals

Signature: _____ Date: _____

Please Note:

1. This form must be completed before access is assigned to a user in the Production System.
2. Complete the above form giving your current user id (if applicable) and indicating what access is required. Please provide a full justification for the access and an end date when the access can be removed.
3. Please ensure that this form is signed by your Line Manager and National Director of HR (if national access is required) or Assistant National Director of HR (if regional access is required).
4. Completed forms may be scanned and emailed to: saphr.security@hse.ie or posted to:
HPSA Security Team, HSE, Feehily's Business Park, Duck Street, Sligo.
5. If further access or additional training is required a new form must be completed.