



Danville Community College

Security Officer Use Only

Form Complete: [ ]
Added SIS/HRMS: [ ]
Modified SIS/HRMS: [ ]
Deleted SIS/HRMS: [ ]
Date \_\_\_\_\_ Initial. \_\_\_\_\_

SIS/HRMS ACCESS

ACTION: [ ]Add [ ]Modify [ ]Delete

User Information (All fields required.)

Form with fields: First, MI, Last, Birthday (mm/dd/yyyy), Street, City, State, Postal, Phone, SSNO, EmplID (If known), UserID (If known), Start Date, Division, Office and Room Nbr, Supervisor

Gender: [ ] Male [ ] Female

Racial/Ethnic group:

[ ] White [ ] Black [ ] Asian or Asian American [ ] Hispanic [ ] American Indian [ ] Other \_\_\_\_\_

[ ] Administrative Faculty [ ] Classified Staff [ ] Work Study
[ ] Faculty [ ] Full-time
[ ] Adjunct Faculty [ ] Part-time

Are you a manager with an employee who submits a time sheet? [ ] Yes [ ] No

If yes, what is the name of the department: \_\_\_\_\_

Human Resource Department Use ONLY

[ ] Absence Management Roles [ ] Benefits Roles
[ ] Human Resource Roles [ ] Payroll Roles
[ ] Time and Labor Roles [ ] VCCS Customizations

**EMPLOYEE ACKNOWLEDGEMENT:**

I acknowledge that I occupy a position of special trust at Danville Community College and realize my duties will bring me into contact with valuable information and resources. I understand these resources require special protection and that I am required to uphold the policies and procedures adopted by the college to safeguard the information and resources entrusted to me.

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**SIS***COPYID*/**HRMS***COPYID* (if known): \_\_\_\_\_

**Duties similar to:** \_\_\_\_\_

**Additional duties:** \_\_\_\_\_

**Employee:**

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date

**Supervisor:** \_\_\_\_\_  
Signature: \_\_\_\_\_ Date

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**Data Owners (Signature required for specific user data needs)**

**Student Financials Data:** \_\_\_\_\_

**Continuing Education Data:** \_\_\_\_\_

**Financial Aid Data:** \_\_\_\_\_

**Admissions & Record Data:** \_\_\_\_\_

**HRMS Data:** \_\_\_\_\_