

## **Human Resources**

## Labor Cost Distribution System (LCD) Access Request Form

GENERAL INFORMATION	NC				
Employee Name:	CSUB ID#:				
E-mail Address:	CSUB Phone:				
Department:		Dept. ID#:			
Employee Type:	Faculty Staff/MPP	Student Worker	Action: New Cha	nge Inactivate	
Effective Date:	Contact Name:		Phone:		
ACCESS REQUESTED					
Division Budget Lead (Analyst/MPP) (grants access to myHR LCD Reports for the selected division)					
Department Coordinator/Analyst (grants access to myHR LCD Reports for the departments listed below)					
SIGNATURES					
Faculty/Staff/MPP: I have read and agreed to the confidentiality agreement					
Student Workers: I have read, agreed, and attached the confidentiality agreement					
	Print Name	Signat	ture	Date	
Empl	oyee:				
Dean/Director/AVP App	oval:				
WWW. PEOCUPOES					
HUMAN RESOURCES					
Route form to HR@csub.edu for verification and twilliams@csub.edu for approval.  Confidentiality Agreement on file in HR or Student					
	Agreement Attached: Yes	No Verif	fication completed by:	T	
Human Resources App	oval:				
ITS - ENTERPRISE APPLICATIONS UNIT (E-Apps 101)					
Route form to ITS-Businessoffice@csub.edu for access to be updated.					
		be updated.		T	
Access Update	ed Bv:			1	