



**Stony Brook Medicine**

**Stony Brook University Hospital**

*Department of Human Resources*

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## HR PeopleSoft

### Access Authorization Request Form

AD Name: \_\_\_\_\_

AD Signature: \_\_\_\_\_

Cost Center #'s to be accessed:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Access Information:

Employee Name

Employee ID Number \_\_\_\_\_

Department Working In \_\_\_\_\_

Building Working In \_\_\_\_\_

Room Number \_\_\_\_\_

Office Zip+4 \_\_\_\_\_

Office Phone # \_\_\_\_\_

Type of Access:

Hospital Employee Queries    Yes    No

Nurse Educator Queries    Yes    No

Other Access

(Please specify) \_\_\_\_\_

Do you currently have access to PeopleSoft?    Yes    No

If yes, PeopleSoft Operator ID: \_\_\_\_\_

Note: Associate Directors need only complete information section to obtain access to all of their accounts.

Please email form to University Hospital Human Resources at [SBUHHR@stonybrookmedicine.edu](mailto:SBUHHR@stonybrookmedicine.edu)