

HUMAN RESOURCES PORTAL ACCESS & PRINCIPAL INVESTIGATOR DELEGATION OF AUTHORITY FORM

I. GENERAL GUIDELINES

- The Human Resources (HR) Portal Access & Principal Investigator (PI) Delegation of Authority Form grants authorized users access to the RCUH HR Portal to perform online personnel and/or payroll actions. This delegation form allows users with Supervisory Authority to approve manual personnel and/or payroll actions on behalf of the Official PI of the RCUH Distribution Code (DC).
- Users may be given authorization/permission but cannot act on their own behalf (i.e., cannot approve own personnel and/or payroll actions).
- PI, Fiscal Administrator (FA) (UH Service-Ordered Projects Only), and User must sign this form for all HR Portal designations.
- PI and FA (UH Service-Ordered Projects Only) must sign this form for all HR Portal cancellations.
- Form must be received by RCUH Human Resources at least 7 working days prior to desired access date.
- To change the Official PI of an existing DC, please refer to Policy 3.710 RCUH HR Portal System Access and Security, Section E.6.

II. SELECT AN ACTION

<input type="checkbox"/> Create New DC (write "NEW" in Section III) <input type="checkbox"/> Add User Access <input type="checkbox"/> Update Existing User Access <input type="checkbox"/> Cancel User Access

III. DISTRIBUTION CODE INFORMATION

Principal Investigator:	Fiscal Administrator:
Program Name:	Distribution Code(s):

IV. USER INFORMATION

Name of Individual:	
Position Title:	Employer (i.e., RCUH, UH, etc.):
Phone:	Fax:
Email:	
For temporary period of access , please indicate the authorized period From: To:	
Access Type* (check one): <input type="checkbox"/> Principal Investigator <input type="checkbox"/> Supervisory Authority <input type="checkbox"/> Administrative Authority <input type="checkbox"/> Fiscal Administrator	
*Access Type:	<p><u>Principal Investigator:</u> PI designates individual to authorize HR personnel and/or payroll transactions in the HR Portal.</p> <p><u>Supervisory:</u> Designated to approve on behalf of the PI. Allows the individual to input and approve online HR Portal transactions, and manual personnel/payroll transactions, on behalf of the Official PI of the DC.</p> <p><u>Administrative:</u> Designated to input online HR Portal transactions (no approval authority).</p> <p><u>Fiscal Administrator:</u> FA designates individual to authorize HR personnel transactions on behalf of the FA.</p>
Authorized HR Portal Applications (check one):	
<input type="checkbox"/> ALL HR Portal applications (Time Reporting, ePAF, Non-Recruited Hire Actions, Position Requisitions, Applicant Selections)	
<input type="checkbox"/> All HR Portal applications EXCLUDING Time Reporting	
<input type="checkbox"/> Time Reporting ONLY	

Name of Individual:
Access Type*: <input type="checkbox"/> Principal Investigator <input type="checkbox"/> Supervisory Authority <input type="checkbox"/> Administrative Authority <input type="checkbox"/> Fiscal Administrator
Authorized HR Portal Applications: <input type="checkbox"/> ALL HR Portal applications <input type="checkbox"/> All HR Portal applications EXCLUDING Time Reporting <input type="checkbox"/> Time Reporting ONLY

V. USER ACKNOWLEDGMENT

I have reviewed Policy 3.710 RCUH HR Portal Systems Access and Security. I understand that I cannot approve my own personnel and/or payroll transactions, and such transactions shall be approved by my Principal Investigator or another University official of equal or higher authority. I understand that internal controls and proper segregation of duties must be followed and non-compliance may lead to corrective action including, but not limited to, disciplinary actions. I understand that this form does not supersede Policy 3.810 RCUH Time Reporting, Policy 3.255 RCUH Employment of Relatives and Other Close Relationships, or RCUH or UH policies or compliance requirements under Federal and/or State regulations including but not limited to the Hawai'i State Ethics Code, OMB Uniform Administrative Guidelines, and other regulations related to the administration of Federal and State funds.

Print Name & Signature of User Date

VI. PRINCIPAL INVESTIGATOR AUTHORIZATION

I have reviewed Policy 3.710 RCUH HR Portal Systems Access and Security, and see no restrictions with the grant, contract, and/or university policy that would prohibit this delegation of authority. I accept full responsibility for the actions of the staff member listed above. I understand that individuals shall not approve their own personnel and/or payroll transactions, and such transactions shall be approved by the Principal Investigator or another University official of equal or higher authority. I understand that internal controls and proper segregation of duties must be followed. I understand that this form does not supersede Policy 3.810 RCUH Time Reporting, Policy 3.255 RCUH Employment of Relatives and Other Close Relationships, or RCUH or UH policies or compliance requirements under Federal and/or State regulations including but not limited to the Hawai'i State Ethics Code, OMB Uniform Administrative Guidelines, and other regulations related to the administration of Federal and State funds. I understand that I must submit an updated Human Resources Portal Access & Principal Investigator Delegation of Authority Form in order to cancel or change the access for this individual. Unless specified above, this authorization is effective immediately and until such time as I cancel the authorized access. By signing below, I hereby authorize the above listed individual to obtain the specific access in which I have full authority to designate.

Print Name & Signature of PI Date Email Address / Phone Number

If disapproved, state justification above.

VII. FISCAL ADMINISTRATOR AUTHORIZATION

I certify that I have reviewed Policy 3.710 RCUH HR Portal Systems Access and Security.

Print Name & Signature of FA Date Email Address / Phone Number

If disapproved, state justification above.

VIII. RCUH AUTHORIZATION

Approved – I certify that to the best of my knowledge, this authorization has been made in compliance with RCUH policies.

Signature of Director of Human Resources or Authorized Designee Date

If disapproved, state justification above.

OP ID: PI CODE: INPUT BY: DATE: Email Log