## CPS PeopleSoft Roles Authorization Form


# CPS

|  |
| --- |
| Employee Information |
| Requester Name: |  | Date: |       |
| Campus ID: |       | Job Title: |       |
| Director/Manager: |       | Department: |       |
|  |
| CPS PeopleSoft Roles |
| [ ]  | UM\_CPS\_POWER\_USER | [ ]  | UM\_CPS\_SPECIAL\_USER | [ ]  | UM\_CPS\_SUPER\_USER |
| [ ]  | UM\_CPS\_VIEW | [ ]  | UM\_RT\_ROLE\_GRANTING |
|  |
| Acknowledgement of Authorization |
| By signing this form, the Requester agrees to use these CPS PeopleSoft roles only for UMBC work purposes. By signing this form, the Director/Manager authorizes that the Requester have access to the CPS PeopleSoft role(s) checked above. |
|  |  |
| Requester Signature | Date |
|  |  |
| Director/Manager Signature | Date |
|  |  |