

Oracle Label Authorization Form

Information Technology Services

Please return this form to Maher, room #170

Telephone # 619-260-4726

Fax # 4235

Section One: Registration Section – For all requests (please print)

Name: _____ Phone: _____

Temp Emp?: YES or NO End Date: _____

Dept: _____ Building/Room: _____

E-mail Address: _____

User Signature: _____ Date: _____

USD ID #: _____

The information on this form is true and correct to the best of my knowledge.

**Two Authorizing Signatures are required for the following:
access**

Payroll/Human Resources
Oracle Prod – Label responsibility
USD_HR_Public Access Reporting

<u>Immediate Supervisor:</u>	<u>Authorizing Department:</u>
Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Title: _____	Title: _____

(User_RegForm_Pay_Label_Resp_02102005)