Labor Cost Distribution System (LCD) Access Request Form

GENERAL INFORMA	ATION							
Employee Name:		CSUB ID#:						
E-mail Address:		CSUB Phone:						
Department:		Dept. ID#:						
Employee Type:	Faculty	Staff/MPP	Student Worker Action:	New	Change	Inactiva		
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:	Norkers: I have read, agreed, and attached the confidentiality agreement						
Emplo Dean/Director/AVP App			Signature	9	Date		
HUMAN RESOURC	ES						
Route form to HR@cs Confidentiality Agreement Worker Confidentiality Human Resources Ap	y Agreement Attache	and šÁ] Yes		p X ovaµ (} Œ ation completed by:			
ITS - ENTERPRISE APPLICATIONS UNIT (E-Apps 101)							
Route form to ITS-Businessoffice@csub.edu for access to be updated. Access Updated Ey:							
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