

**State of Oklahoma**  
**Agency HCM Employee Self Service Access Request Form**



OSF FORM 304ESS  
(Created 05/09)

STATE OF OKLAHOMA  
(Employee Self Service)

Requesting Agency Name/Number \_\_\_\_\_

Requested Go Live Date \_\_\_\_\_

This request is for initial access to employee self service for all agency employees.

I hereby authorize individual access to the CORE/PeopleSoft System with the security options as indicated below in the Employee Self Service Options section. **NOTE: Agency is required to provide the OSF Employee Self Service manual to all agency employees prior to go live.**

Requested by \_\_\_\_\_ Date \_\_\_\_\_  
HR Director/Manager or Payroll Director/Manager  
or Agency Financial Officer

Name & Title (Please print) \_\_\_\_\_

Phone \_\_\_\_\_

To determine the level of access to be provided to Employees please select from the following options:

Employee Self Service Options

- Employees may view**  
Personal Information  
Phone Numbers  
Email Addresses  
Emergency contacts  
Paychecks  
Voluntary Deductions  
Direct Deposit  
Compensation History

- Employees may update**  
Phone Numbers  
Email Addresses  
Emergency Contacts

Other Options

- Our agency intends to discontinue printing earnings statements at some time after go live**

## Office of State Finance - CORE Employee Self Service Responsibility Matrix

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Project/Service Name	Employee Self Service	
Unique Project Identifier	Responsibilities	
Agency	All Agencies Participating in Employee Self Service	
Function	Task	Responsibility
Implementation	Determine Access – View Only or Update as indicated in the Employee Self Service Options section on the prior page	Agency
Implementation	Request Go Live Date (via signed Self Service Request form)	Agency
Implementation	Approve Go Live (or propose next available date)	OSF
Implementation	Set up User IDs and security access for agency employees	OSF
Communications	Distribute Employee Self Service Manual provided on the OSF Website to all employees (electronic or hard copy) Include OSF Self Service Administrator in all Employee Self Service communications sent within your agency	Agency
Go Live		

Send completed form to: CORE Oklahoma Office  
3812 N. Santa Fe  
Oklahoma City, OK 73118  
Attn: Lyndsey Rowden

If you have any questions concerning this form, please contact Lyndsey Rowden at 522-1700 or [Lyndsey.Rowden@osf.ok.gov](mailto:Lyndsey.Rowden@osf.ok.gov).

For Internal use only

CRM Case # \_\_\_\_\_

CRM Case Date \_\_\_\_\_

Go-Live Date \_\_\_\_\_