



Agency Employee Self Service Request (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 OMES 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
Home and Mailing Addresses
Phone Numbers
Email Addresses
Emergency Contacts

Other Options

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

Office of Management & Enterprise Services - ISD Employee Self Service Responsibility Matrix

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)	OMES
Implementation	Set up User IDs and security access for agency employees	OMES
Communications	Distribute Employee Self Service Manual provided on the OMES Website to all employees (electronic or hard copy) Include OMES Self Service Administrator in all Employee Self Service communications sent within your agency	Agency
Go Live		

Send completed form to: OMES/IS
 3115 N. Lincoln Blvd.
 Oklahoma City, OK 73105
 Attn: Security

If you have any questions concerning this form, please contact the OMES Service Desk at 405-521-2444 or servicedesk@omes.ok.gov.

For Internal use only

CRM Case # _____

CRM Case Date _____

Go-Live Date _____