



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

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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)	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](mailto: servicedesk@omes.ok.gov).

**For Internal use only**

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

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

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