



MORGAN EMPLOYMENT MANAGEMENT SYSTEM
(MEMS) ACCESS REQUEST FORM

EMPLOYEE NEEDING/REMOVING ACCESS

FIRST NAME

LAST NAME

EMAIL

FULL PHONE

DEPARTMENT

(e.g. Bio, Math,
HR, Physical
Plant

DIVISION

(e.g) Academic Affairs,
Finance & Management

JOB TITLE

ACTION REQUESTING

CREATE ACCOUNT

MODIFY/UPGRADE USER ACCESS

REMOVE /LOWER
USER ACCESS

INACTIVATE ACCT.

MEMS ACCESS GROUP LEVELS

WHY DOES THE APPLICANT REQUIRE MEMS ACCESS ?

INITIATOR

APPLICANT REVIEWER

DIRECTOR /DEAN

SEARCH COMMITTEE

DEPARTMENT VP

BUDGET OFFICER

OTHER

ADDING A NEW DEPARTMENT

SUPERVISOR APPROVAL

I concur with the access requested for the above named employee

Supervisor's Printed Name

Supervisor's Signature.. CAN BE TYPED AS WELL

Date

*****EMAIL FORMS TO : DEBBIE.DURAN@MORGAN.EDU*****

DO NOT SEND FORMS THROUGH DOCUSIGN

SYSTEM ADMINISTRATOR'S APPROVAL/DENIAL

NAME:

DATE RECIEVED IN HR

MEMS ACCT NUMBER

MEMS USER NAME ASSIGNED

MEMS PASS WORD ASSIGNMENT (PLEASE
CHANGE UPON LOG IN

ACCESS LEVELS GIVEN

ACCESS APPROVED

DATE COMPLETED

ACCESS DENIED

DATE SENT TO DEPARTMENT

COMMENTS

HR COMMENTS

