## **REQUEST FOR AUTHORIZED USER FORM**

Department:				
School/College/Division:				
The University is in the process of final Tenure/Tenure Track Plans into an eleuse early Fall 2017. The Provost will appear forms no longer accepted by OE	ctronic format. It is est	imated that the sy	stem will be ready for	
The individuals selected by the Depart to as <i>Authorized Users</i> . Please comple hiring plan information into the autom least two individuals). In addition, all a use the automated system. Please go	ete the chart below for nated system (it is sugge Authorized Users must	all Authorized Use ested that each de be trained before	ers who will be entering partment identify at they are authorized to	
First Name	Last Name		Access ID	
				_
Training Date Selected:				
Please return this form to <a href="mailto:oeo@wayne">oeo@wayne</a> 577-2280 with any questions.	e.edu by <b>September 25</b> ,	, <b>2017</b> and please	contact OEO at (313)	
Print Submitter's Name:		Date		
Email:				
Department Chair:		Date	<del></del>	
Email:				