



**Minnesota**  
STATE COLLEGES  
& UNIVERSITIES

# Mn State Colleges & Universities Personnel/Payroll System Web Application Tuition Waiver SECURITY AUTHORIZATION FORM

**USER INFORMATION:**

Name: \_\_\_\_\_  
(Please Print)

Position: \_\_\_\_\_

Institution: \_\_\_\_\_

Phone Number \_\_\_\_\_

New User     Change to an Existing User

**Required Tech ID** \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date: \_\_\_\_\_

**Tuition Waiver Processor**

Add    Delete

Definition: Allows access to the tuition waiver processing functions so user can view, create and approve employee tuition waiver requests. Typically granted to users who also have the role of HR\_SUPERUSER or HR\_VIEWER.

**NOTE: Users with HR\_SUPERUSER or HR\_VIEWER automatically have view access to the tuition waiver system for their institution.**

**AUTHORIZATIONS:**

By my signature below I verify that the above user has a bona fide business reason for the security profile requested:

User's Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print) (Please Print)

Immediate Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature below I verify the above user has a bona fide business reason for the security profile requested, therefore I grant approval:

Campus CHRO: \_\_\_\_\_ Print Name : \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

**Required Tech ID:** \_\_\_\_\_

**MULTI-CAMPUS USER REQUESTS REQUIRE OFFICE OF THE CHANCELLOR AUTHORIZATION:**

OOO HR Approval: \_\_\_\_\_ Print Name : \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

**FAX to:**

<b>Metro Region</b> Voice: 651-201-1442 Fax: 651-917-4731	<b>Northern (Moorhead) Region</b> Voice: 651-201-1442 Fax: 651-917-4731	<b>Southern (Mankato) Region</b> Voice: 651-201-142 Fax: 651-917-4731	<b>Central (St. Cloud) Region</b> Voice: 651-917-4733 Fax: 612-626-5450
---	---	---	---

**Fax Multi-Campus Requests to:** Human Resources Division – Office of the Chancellor (651)297-3145