

University of North Carolina at Chapel Hill
TIM Access Request Form

TIM Administrator Information:

Name: _____ PID: _____

Title: _____ Phone #: _____

Home Dept #: _____ Dept Name: _____ Email: _____

TIM Access Information (please check one):

- _____ Set Up New TIM Administrator
- _____ Remove TIM Administrator Access
- _____ Modify Current TIM Administrator Access

Action should either be an "A" for Add or "R" for Remove

Access Type – Check one - Primary or Backup

Action: _____ Dept #: _____

Primary*: _____ Backup: _____

___ EPA ___ SPA ___ Both

Action: _____ Dept #: _____

Primary*: _____ Backup: _____

___ EPA ___ SPA ___ Both

* Primary indicates you are responsible for TIM administration of either EPA, SPA, or both types of employees in TIM. All departments must have at least one designated primary TIM Administrator.

TIM Access Authorization:

TIM Administrator Signature

Date

Dept Head Signature

Date

Dept Head Name (please print)

Title

All sections of the form must be completed for the request to be processed. Send completed form to Kristen Dunivant, CB #1270 or Fax to her at 962 – 4140. Questions should be addressed to timsupport@unc.edu