Group 1 Automotive

Request for Computer Access Activation/Change/Termination

FAX TO: 713-353-9815

ALL SHADED SECTIONS MUST BE FILLED OUT
OR THE FORM WILL NOT BE PROCESSED

____NEW HIRE ____CHANGE OF ACCESS ____TERMINATION

(NOTE: New Hires will NOT be processed until verification is received from HR/Payroll)

EFFECTIVE DATE:_____

FIRST NAME:_____**MIDDLE INITIAL:**_____**LAST NAME:**_____
(REQUIRED OR N/A if none)

PAYROLL/HR EMPLOYEE NUMBER: (if assigned yet)_____

CURRENT ADP USER ID: (if Change of Access or Termination)_____

FULL DEALERSHIP NAME_____

COMPANY NUMBER(s) THIS PERSON SHOULD HAVE ACCESS TO (or N/A):_____

DEPARTMENT: (circle) Acctg Sales/F&I Service Parts Body Shop

JOB TITLE/DESCRIPTION:_____

THE ABOVE PERSON SHOULD BE SET UP JUST LIKE:_____
(Enter the name or ADP login of a person who is in same position or leave blank if N/A)

PROFILE:	**___Master Controller**	**___Gen Mgr**	**___Fixed Op Dir**
(check one)	**___Controller/Office Mgr**	**___Sales/F&I Mgr**	**___Service/Body Shop Mgr**
	___Accounting Assistant/Clerk	**___Salesperson**	**___Service Writer/Estimator**
	___Billing/Title Clerk	**___Sales Sec/Inventory**	**___Service Booker/Dispatcher**
	___Inventory	**___Parts Mgr**	**___Service Warranty Clerk**
	___Accounts Payable	**___Parts Counterman**	**___Service Tech**
	___Accounts Receivable	**___Parts Inv Clerk/Cashier**	**___Service Cashier**
	___Time Clock only	**___Parts Shipping**	**___Service Body Shop SW & Pro**

ADP Purchase Order Access:……Y……N
ADP Cash Receipts Access……..…Y……N
ADP Data Archiving/DCV Access:……Y……N
Ability to Post in Acctg After Cutoff:……....Y……N

ADDITIONAL ACCESS REQUIRED:_____
(enter ADP function codes)
_____

New Email Access: ___YES ___NO **Reset E-mail Password: ___YES ___NO**

REQUESTING MANAGER NAME (printed):_____

REQUESTING MANAGER SIGNATURE:_____

REQUESTING MANAGER PHONE NUMBER:_____**CELL:**_____

2ND INDIVIDUAL TO E-MAIL THIS LOGON INFORMATION TO:_____

FOR OFFICE USE ONLY: ADP USER ID:_____PROFILE:_____OTHER:_____
Version 08/01/08
NETWORK LOGIN:_____OTHER:_____

SETUP COMPLETED BY:_____DATE:_____OTHER:_____