

**University of North Carolina at Chapel Hill
TIM Administrator 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

Action: _____ Dept #: _____

Access Type – Check one - Primary or Backup

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 919-962-4140. Questions should be addressed to timsupport@unc.edu.