

NEOGOV Access Form

To be granted access to NEOGOV as an HR User, an employee must require access to perform his or her job duties and must successfully complete appropriate training. The Office of Business Applications Support (OBAS) has final authority over when access is granted. An HR User, as the agency administrator, may grant agency employees NEOGOV access in the Hiring Manager role. Agency administrators shall maintain copies of all completed forms for all employees granted the Hiring Manager role. Approvals shall be reviewed annually.

Confidentiality of Records

All system access is provided for official State of Michigan (SOM) business. Any other use of this data may violate the SOM Acceptable Use Policy 1460.00 and state and federal privacy laws. Unauthorized distribution, reproduction, modification, or deletion of any applicant or employee data outside the intended and approved use is strictly prohibited. Illegal access or misuse of NEOGOV or this account is punishable by discipline, up to and including dismissal, and civil and criminal penalties. SOM computer systems are for the use of authorized users only. If unauthorized activities are suspected, Department of Information Technology staff may monitor and record all session activities. Anyone using these systems expressly consents to such monitoring. These are SOM accounts and may not be given to other staff unless expressly set up and controlled for that purpose.

Employee Information

Name:	Employee ID:
Email:	Phone:
NEOGOV Access Role: (select one) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> HR User <input type="checkbox"/> OCSC Credential Review <input type="checkbox"/> Hiring Manager </div> <div style="width: 45%;"> <input type="checkbox"/> EEO / Audit <input type="checkbox"/> Applicant Support </div> </div>	
Request Access to Process Level(s):	

Employee Agreement

By signing this form, I certify that I have read and understand the statement of confidentiality of records. I understand that my User ID and password are to be kept confidential and that should I share this data, my ID will be revoked.

Employee's Signature

Date signed

Access Approval

I approve this employee for access in the requested role.

(HR Director or OBAS NEOGOV Administrator's Signature)

Date signed