



Reportline Request Form (Agency Use)

Date		/ /		User Type (check one)	<input type="checkbox"/> Agency User	
Logon ID (5 to 8-Character/Alpha-Numeric)					Action (check one)	<input type="checkbox"/> Agency Security Officer
Your Agency Number						<input type="checkbox"/> New
				<input type="checkbox"/> Change	<input type="checkbox"/> Delete	
Name						
	<i>First</i>	<i>Middle</i>	<i>Last</i>			
Signature						
E-mail Address						
Telephone						

Approved Agencies—List individual agency numbers

<hr/> <hr/>

—Reportline Access—

Report Families: BENEFITS, CARS, CIPPS, FAACS, HEALTHCARE, LEAVE, VRS

Report Family (See List Above)	Level of Security (Choose only one)	List Reports Here For Security Levels C or D
* _____	<input type="checkbox"/> A. No reports for system <input type="checkbox"/> B. All reports for system <input type="checkbox"/> C. ONLY listed reports for system <i>Use next column to list reports</i> <input type="checkbox"/> D. All reports for system EXCEPT listed <i>Use next column to list reports</i>	<hr/> <hr/> <hr/>
_____	<input type="checkbox"/> A. No reports for system <input type="checkbox"/> B. All reports for system <input type="checkbox"/> C. ONLY listed reports for system <i>Use next column to list reports</i> <input type="checkbox"/> D. All reports for system EXCEPT listed <i>Use next column to list reports</i>	<hr/> <hr/> <hr/>
Authorized by:	_____	_____
	<i>Signature</i>	<i>Date</i>
Entered by:	_____	_____
	<i>Signature</i>	<i>Date</i>

Continuation Page Attached ? No Yes



Report Family <i>(See List, 1st Page)</i>	Level of Security <i>(Choose only one)</i>	List Reports Here For Security Levels C or D
* _____	<input type="checkbox"/> A. No reports for system <input type="checkbox"/> B. All reports for system <input type="checkbox"/> C. <u>ONLY</u> listed reports for system <i>Use next column to list reports</i> <input type="checkbox"/> D. All reports for system <u>EXCEPT</u> listed <i>Use next column to list reports</i>	_____ _____ _____
* _____	<input type="checkbox"/> A. No reports for system <input type="checkbox"/> B. All reports for system <input type="checkbox"/> C. <u>ONLY</u> listed reports for system <i>Use next column to list reports</i> <input type="checkbox"/> D. All reports for system <u>EXCEPT</u> listed <i>Use next column to list reports</i>	_____ _____ _____
* _____	<input type="checkbox"/> A. No reports for system <input type="checkbox"/> B. All reports for system <input type="checkbox"/> C. <u>ONLY</u> listed reports for system <i>Use next column to list reports</i> <input type="checkbox"/> D. All reports for system <u>EXCEPT</u> listed <i>Use next column to list reports</i>	_____ _____ _____
* _____	<input type="checkbox"/> A. No reports for system <input type="checkbox"/> B. All reports for system <input type="checkbox"/> C. <u>ONLY</u> listed reports for system <i>Use next column to list reports</i> <input type="checkbox"/> D. All reports for system <u>EXCEPT</u> listed <i>Use next column to list reports</i>	_____ _____ _____
<p>Authorized by: _____ <i>Signature</i> _____ <i>Date</i></p> <p>Entered by: _____ <i>Signature</i> _____ <i>Date</i></p>		