

PAYLINE/PAT SECURITY AUTHORIZATION REQUEST

TO BE COMPLETED BY AGENCY SECURITY OFFICER

BOX 1

Print Name of Payroll Security Officer (PSO)

Signature of PSO

DATE

Circle appropriate access type and security levels:

Requested Payline Access



- 1. NEW
- 2. CHANGE
- 3. DELETE

Requested Security Level



- 1. View Payroll
- 2. View Leave
- 3. View Payroll and Leave
- 4. View Payroll and EE No Look-up
- 5. View Leave and EE No Look-up
- 6. View Payroll and Leave and EE No Look-up
- 7. EE No Look-up only

Requested PAT Access



- 1. System Administrator (Used by State Payroll Ops Only)
- 2. Payroll Audit Reports
- 3. Payroll Audit Reports and Update Ded./Spec. Pay Tables
- 4. Leave Audit Reports and Queries
- 5. Payroll and Leave Audit Reports and Queries
- 6. Payroll and Leave Audit Reports and Queries and Update Ded./Spec. Pay Tables

Requested Agency Codes: _____

Completed by CIPPS User:

Box 2

By signing below, I hereby certify that I will not allow another individual to know and/or utilize my access to Payline information. I have established a permanent security record in Payline prior to this request.

PRINT NAME

EMPLOYEE NUMBER

SIGNATURE

DATE

E-MAIL ADDRESS: _____

DOA CIPPS SECURITY AUTHORIZATION

DATE

PAYLINE SECURITY AUTHORIZATION

DATE

Fax this form to 804-225-3499

-OR-

Mail this Form to:

Payroll Operations
Department of Accounts
Monroe Building – 2nd Floor
P O. Box 1971
Richmond, VA 23218-1971