

PAYLINE/PAT SECURITY AUTHORIZATION / DELETION REQUEST

TO BE COMPLETED BY AGENCY PAYROLL SECURITY OFFICER	BOX 1
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Print Name of Payroll Security Officer (PSO)

Signature of PSO

Date

CIRCLE appropriate Access and Security Level:

Payline Access	1. NEW	2. CHANGE	3. DELETE
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Requested Security Level	<ol style="list-style-type: none"> 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
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PAT Access	1. NEW	2. CHANGE	3. DELETE
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Requested Security Level	<ol style="list-style-type: none"> 1. Payroll Audit Reports 2. Payroll Audit Reports and Update Ded./Spec. Pay Tables 3. Leave Audit Reports and Queries 4. Payroll and Leave Audit Reports and Queries 5. Payroll and Leave Audit Reports and Queries and Update Ded./Spec. Pay Tables 6. System Administrator (Used by State Payroll Ops Only)
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NSSA Access	1. NEW	2. CHANGE	3. DELETE
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Requested Security Level	<ol style="list-style-type: none"> 1. View Only 2. Update
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Requested Agency Number: _____

COMPLETED BY PAYLINE/PAT USER (when NEW or CHANGE)	BOX 2
COMPLETED BY PAYROLL SECURITY OFFICER (upon DELETION Request)	

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 (Required)

EMPLOYEE # (Required)

SIGNATURE (Required if NEW or CHANGE – not DELETE)

DATE

E-MAIL ADDRESS: (Required) _____

DOA CIPPS SECURITY AUTHORIZATION

DATE

DOA 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