

**PAYLINE 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.**

\_\_\_\_\_  
**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 – 2<sup>nd</sup> Floor  
P O. Box 1971  
Richmond, VA 23218-1971