

PAYLINE SECURITY AUTHORIZATION REQUEST

TO BE COMPLETED BY AGENCY SECURITY OFFICER		BOX 1
<hr/>		
Print Name of Agency Security Officer		
<hr/>		
Signature		DATE
<hr/>		
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 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.		
<hr/>		
PRINT NAME		EMPLOYEE NUMBER
<hr/>		
SIGNATURE		DATE
<hr/>		
E-MAIL ADDRESS: _		

DOA CIPPS SECURITY AUTHORIZATION	DATE
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PAYLINE SECURITY AUTHORIZATION	DATE
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