PAYLINE SECURITY AUTHORIZATION REQUEST

TO BE COMPLETED BY AGENCY SECURITY OFFICER	BOX 1

Print Name of Payroll Security Officer (PSO)　　　　**Agency Name/Number**

Signature of PSO　　　　　　　　　　　　　　　　　　**Date**

CIRCLE appropriate Access and Security Level:

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 Employee Number Look-up** 5. **View Leave and Employee Number Look-up** 6. **View Payroll and Leave and Employee Number Look-up** 7. **Employee Number Look-up only**
PAT Access	**1. NEW**　　　　**2. CHANGE**　　　**3. DELETE**
Requested Security Level	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)**
NSSA Access	**1. NEW**　　　　**2. CHANGE**　　　**3. DELETE**
Requested Security Level	1. **View Only** 2. **Update**
Garnishment Utility Access	**1. NEW**　　　　**2. CHANGE**　　　**3. DELETE**
Requested Security Level	1. **Administrator (Used by State Payroll Ops Only)** 2. **View Only** 3. **Update**

Requested Agency Number(s):

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: (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

(Rev 5/2017)