

SPO SHAREPOINT SECURITY AUTHORIZATION REQUEST

TO BE COMPLETED BY AGENCY SECURITY OFFICER	BOX 1																																																				
<p>Agency Name and Number: _____</p> <hr/> <p>Print Name of Fiscal Officer</p> <hr/> <p>Signature of Fiscal Officer _____ Date _____</p> <p>SPO SharePoint Access</p> <p style="margin-left: 40px;"> <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE </p> <p>Select the requested Security Level Folder(s)</p> <table style="margin-left: 40px; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Read</th> <th style="text-align: center;">Write</th> <th style="text-align: center;">Alert</th> <th style="text-align: left;">Folder</th> </tr> </thead> <tbody> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>ACH Returns</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Confirmation</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Garnishments</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>General Deduction Mass Uploads</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Gross Pay Differences</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Health Care Reconciliations</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>HR Payroll Exception Reports</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Pay Cards</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Quarterly Reporting</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>SPO to Agency (read only)</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Stop Payment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>W2 Requests</td></tr> </tbody> </table> <p>Requested Agency Codes:</p> <hr/>		Read	Write	Alert	Folder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACH Returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garnishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Deduction Mass Uploads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Pay Differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health Care Reconciliations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HR Payroll Exception Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pay Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quarterly Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPO to Agency (read only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stop Payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W2 Requests
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Completed by SPO SharePoint User:	Box 2																																																				
<p>By signing below, I hereby certify that I will not allow another individual to know and/or utilize my access to SPO SharePoint.</p> <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; text-align: center;">User Name (required)</td> <td style="width:30%; text-align: center;">Employee Number (required)</td> <td style="width:30%; text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;">User Signature (required)</td> <td colspan="2" style="text-align: center;">User Contact Number</td> </tr> </table> <p>User Email Address (required): _____</p>		User Name (required)	Employee Number (required)	Date	User Signature (required)	User Contact Number																																															
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DOA SPO Use only:

SPO Authorization

Date