



### Reportline Request Form (Agency Use)

|   |              |               |             |                                 |  |
|---|--------------|---------------|-------------|---------------------------------|--|
| <b>Date</b>   |              |               |             | <b>User Type</b><br>(check one) | <input type="checkbox"/> Agency User<br><input type="checkbox"/> Agency Security Officer           |
| <b>Logon ID</b><br>(5 to 8-Character/Alpha-Numeric) |              |               |             |                                 |  |
| <b>Your Agency Number</b>                           |              |               |             |                                 |  |
|   |              |               |             | <b>Action</b><br>(check one)    | <input type="checkbox"/> New<br><input type="checkbox"/> Change<br><input type="checkbox"/> Delete |
| <b>Name</b>   |              |               |             |                                 |  |
|   | <i>First</i> | <i>Middle</i> | <i>Last</i> |                                 |  |
| <b>Signature</b>                                    |              |               |             |                                 |  |
| <b>E-mail Address</b>                               |              |               |             |                                 |  |
| <b>Telephone</b>                                    |              |               |             |                                 |  |

Approved Agencies—List individual agency numbers

|             |
|-------------|
| <hr/> <hr/> |
|-------------|

—Reportline Access—

Report Families: **BENEFITS, CARS, CIPPS, FAACS, HEALTHCARE, LEAVE, VRS**

| Report Family<br>(See List Above) | Level of Security<br>(Choose only one)   | List Reports Here For Security Levels C or D |
|-----------------------------------|--|--|
| *<br>_____                        | <input type="checkbox"/> A. No reports for system<br><input type="checkbox"/> B. All reports for system<br><input type="checkbox"/> C. <b>ONLY</b> listed reports for system<br><i>Use next column to list reports</i><br><input type="checkbox"/> D. All reports for system<br><b>EXCEPT</b> listed<br><i>Use next column to list reports</i> | <hr/><br><hr/><br><hr/>                      |
| _____                             | <input type="checkbox"/> A. No reports for system<br><input type="checkbox"/> B. All reports for system<br><input type="checkbox"/> C. <b>ONLY</b> listed reports for system<br><i>Use next column to list reports</i><br><input type="checkbox"/> D. All reports for system<br><b>EXCEPT</b> listed<br><i>Use next column to list reports</i> | <hr/><br><hr/><br><hr/>                      |
| <b>Authorized by:</b>             |  |  |
| _____                             |  | _____  |
| <i>Signature</i>                  |  | <i>Date</i>                                  |
| <b>Entered by:</b>                |  |  |
| _____                             |  | _____  |
| <i>Signature</i>                  |  | <i>Date</i>                                  |

Continuation Page Attached ? \_\_\_ No \_\_\_ Yes



| Report Family<br><i>(See List, 1<sup>st</sup> Page)</i>  | Level of Security<br><i>(Choose only one)</i>   | List Reports Here For Security Levels C or D |
|--|---|--|
| *<br>_____   | <input type="checkbox"/> A. No reports for system<br><input type="checkbox"/> B. All reports for system<br><input type="checkbox"/> C. <b>ONLY</b> listed reports for system<br><i>Use next column to list reports</i><br><input type="checkbox"/> D. All reports for system <b>EXCEPT</b> listed<br><i>Use next column to list reports</i> | _____<br>_____<br>_____                      |
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| <p>Authorized by: _____ <i>Signature</i> _____ <i>Date</i></p> <p>Entered by: _____ <i>Signature</i> _____ <i>Date</i></p> |   |  |