PAYROLL SECURITY ACCESS REQUEST FORM

***Fax completed form to:*
954 201-7500 Attn: Payroll
<OR>
***Send completed form via pony to:*
Payroll Dept / Downtown Center / Attn: Payroll

DATE OF REQUEST: _____

NAME OF EMPLOYEE NEEDING ACCESS: _____

EMPLOYEE SIGN-ON ID:_____ (ex: Mary Smith = MSMITH)

SOCIAL SECURITY NUMBER OF EMPLOYEE: _____

EMPLOYEE JOB TITLE: _____

CHOOSE ONE: REQUIRES INPUT LEVEL ACCESS _____

REQUIRES AUTHORIZATION LEVEL ACCESS _____

LIST ALL COST CENTER #'S YOU ARE RESPONSIBLE FOR:

----------	----------	----------
----------	----------	----------
----------	----------	----------

---------- ----------
SIGNATURE OF EMPLOYEE GAINING ACCESS DATE

---------- ---------- ----------
SUPERVISOR SIGNATURE PHONE # DATE

****

For Payroll Use Only:

Processed By: _____ Date Processed: _____

****