

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:** _____
