

EMPLOYEE REQUEST FOR ACCESS TO EMPLOYEE SOCIAL SECURITY NUMBER

EMPLOYEE INFORMATION

Employee Name: _____ Employee IA Account & TSO Account: _____
E-Mail Address: _____ Phone/Extension: _____

ACCESS DETAILS

Complete the form, acquire signatures and give it to the Help Desk in Donnelly Hall. All requests will be addressed within 1 week of receipt.

Inquiry to Screen EID: **Access to field which contains SSN for Focus:**

Indicate the nature of your need for access to Employee SSN in the space provided below. Please include legal requirements and/or attach documentation from source to whom you need to submit SSN.

NOTE – All supporting documentation must be submitted for approval.

AUTHORIZATION

Requesting employee has read, understands, and agrees to abide by Acceptable Use Policy for Social Security Number.

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Line Officer Signature: _____ Date: _____

EVP Signature: _____ Date: _____

HELP DESK USE

IT Security Officer Signature: _____ Date: _____

Help Desk Signature: _____ Date Received: _____
CSR #: _____