



State of New York
Department of Civil Service
Albany, NY 12239

INFORMATION RESOURCE MANAGEMENT
Agency Request for Access to NYSTEP

IRM-303 (8/09)

| | | | | | | |
|-------------------------|------------|--|----------------|--|---|--|
| User Information | SS# | | Agency Code | | Authorized Civil Service Approved User ID | |
| | Last Name | | First Name | | | M.I. |
| | Title | | | | | For Access to NYBEAS use form IRM-300 |
| | Work Phone | | E-Mail Address | | | |

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION--The information you provide on this application is being requested for the principal purpose of processing a request for access to one or more information data base systems. The information will be used in accordance with Section subdivisions (b), (e) and (f). Failure to provide the information requested may prevent this agency from processing your request. This information will be maintained by the Director, Information Resource Management, NYS Department of Civil Service, Albany, NY 12239. For information *only* concerning the Personal Privacy Protection Law, call (518) 457-9375. For information concerning this form, call (518) 457-5406 or 1-800-422-3671.

| | | | |
|------------------------|-------------|-------|----------|
| Mailing Address | Agency Name | | |
| | Bldg./Rm. | | |
| | Street | | |
| | City | State | Zip Code |

| | | | |
|---------------------------------|---------------|---|---------------------------------------|
| Check Action To Be Taken | NYSTEP | | |
| | Permissions | <input type="checkbox"/> New ID <input type="checkbox"/> Change | Reassign any worklist items to: _____ |
| | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | |

| | | | |
|---|--|---|--|
| and Access Privileges | PERSONAL TRANSACTIONS (PER) AND TITLE & POSITION MANAGEMENT (TPM) | | |
| | <input type="checkbox"/> 1. Enter only PER request | <input type="checkbox"/> 5. Enter both PER and TPM requests | <input type="checkbox"/> NYSTEP Reports |
| | <input type="checkbox"/> 2. Display only PER | <input type="checkbox"/> 6. Enter PER request; display TPM | |
| | <input type="checkbox"/> 3. Enter only TPM request | <input type="checkbox"/> 7. Enter TPM request; display PER | |
| | <input type="checkbox"/> 4. Display only TPM | <input type="checkbox"/> 8. Display only PER & TPM | |
| | GRIEVANCE MODULE | | |
| | <input type="checkbox"/> 9. Enter Grievance | <input type="checkbox"/> Receive workflow for Agency(s): | |
| <input type="checkbox"/> 10. Display Grievances | | | |
| BDA MODULE | | | |
| <input type="checkbox"/> 11. Agency Enter BDA | | | |
| <input type="checkbox"/> 12. Agency Display BDA | | | |

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|-----------------------------|--|----------------------|--|-------------------------------------|
| Agency Authorization | I authorize the person named above to have access to the application identified above. I am requesting that the Department assign a user identification number to this employee. | | | |
| | Signature | | | Date |
| | Name <i>(Please Print)</i> | Title | Telephone No. | FAX# |
| | Send Completed Forms To: | IRM HELP DESK | NYS Department of Civil Service, Albany, NY 12239 | Or Fax To: (518) 485-5588 |