EMPOWHR REQUEST FOR SECURITY ACCESS

Employee Name:	
Employee ID:	
Sub-Agency/Agency:	
Submitting Office (SON):	
Access for Service Areas:	Nationwide Access for Agency: YES NO
	OR
(List the states,	State(s):
agencies and/or dept id(s) that you service in your role)	Agency(s):
	Department ID(s):
Role/Modification: (Check all that apply)	HR Processor () Training Officer () Training Processor () Nat'l Training Administrator () Distributed Security Administrator () Other () Explain in Remarks
Name & User ID for Employee to be copied (Copy roles of this ID)	
Requested By: Title: Email Address: Phone Number: Fax Number:	
Reviewed by Security Administrator:	
Date:	
Remarks:	

Revised 3/6/2015