



PICS & Budget Reports Access Security Request Form

This form is to be completed and submitted by the designated Agency SABR Coordinator to ORBITS.Help@oregon.gov

Agency #: _____ Agency Name: _____

SABR Coordinator: _____ Phone #: _____

Additional Information:

USER INFORMATION #1:

RACF ID: _____

Name-Last: _____ First: _____

Email: _____ Phone #: _____ OR# _____

Supervisor Name: _____ Work Location: _____ ORG #: _____

Access Requested

PICS System: View Only Update Additional Agencies

Web Reports: View Only Update Additional Agencies

USER INFORMATION #2:

RACF ID: _____

Name-Last: _____ First: _____

Email: _____ Phone #: _____ OR# _____

Supervisor Name: _____ Work Location: _____ ORG #: _____

Access Requested

PICS System: View Only Update Additional Agencies

Web Reports: View Only Update Additional Agencies

For office use only User #1 RACF _____ User #2 RACF _____
Additional Notes:

Action Complete: _____