OREGON STATEWIDE PAYROLL SERVICES (OSPS)

(503) 378-3518 fax
E-mail:
OSPS.Help@das.oregon.gov

Online Resource Center:
http://go.usa.gov/bEJk

INSTRUCTIONS TO PAYROLL OFFICES:

1. Verify all fields are complete.

2. Ensure non-payroll staff requesting ePayroll access section is completed.

3. Ensure your agency number appears on the form.

4. Submit electronically using the email submit button.

ELECTRONIC ACCESS REQUEST – OSPS Reports & ePayroll

Access Level:

LC – Labor Cost Distribution Reports for Agency *Accounting/Fiscal Staff*

PR – Payroll Reports for *Agency Payroll/HR Staff (Includes LC access level)*
- ➤ For non-Payroll/HR staff, please use the box provided in Section B to substantiate user's need for full payroll report access.

ePayroll Access Levels
- o BA – ePaystub only
- o PA – ePaystub and eTime
- o TA – eTime view only
- ➤ For non-Payroll staff, please use the box provided in Section B to substantiate user's need for ePayroll Access.

Section A: User Information

If you need additional user information lines, use more than one form.

Agency Number(s)	
RACF ID:	**Employee ID Number (do not use SSN)** **OR** ___ ___ ___ ___ ___ ___ ___
Full Name:	**Email Address:**
Report Access: ___ LC ___ PR	**ePayroll Access:** ___ BA ___ PA ___ TA

Section B: Authorization

Non-Payroll staff requiring PR and/or ePayroll access due to the following:

Full Name	Title	Contact Number

By my signature (print version) or email address (electronic submission) below, I authorize access to these agency information assets for the person(s) named on this request. I understand that payroll reports may include Level 3 information. I certify that once our agency payroll, human resource and accounting departments accesses online reports, we will save said reports to secure network folders or CD accessible only to authorized users. These information assets are subject to Statewide Policy # 107-004-110 to ensure that we are in compliance with Secretary of State Archive retention requirements.

Signature/Email Address: _____ Date: _____

OSPS Use Only
Received Date Stamp

For OSPS Use Only

___ PUSC Access Verified   ___ Online Access Granted
___ OSPS Manager Approval   ___ E-mail Notification to User(s)