



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			

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