



STATE OF NEW YORK
DEPARTMENT OF CIVIL SERVICE
ALBANY, NEW YORK 12239

**INFORMATION RESOURCE MANAGEMENT
PARTICIPATING AGENCY REQUEST FOR ACCESS TO
NEW YORK BENEFITS ELIGIBILITY AND ACCOUNTING
SYSTEM (NYBEAS)**

IRM-302 (2/06)

User Information	SS #	<input type="text"/>	Agency Code	<input type="text"/>	Authorized Civil Service User ID Approved User ID <input type="text"/>
	Name	<input type="text"/>			
	Last	<input type="text"/>			
	First	<input type="text"/>	M.I.	<input type="text"/>	
	Title	<input type="text"/>			
	Work Phone	<input type="text"/>	<input type="text"/>	E-Mail Address	<input type="text"/>

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 concerning the Personnel Privacy Protection Law, call (518) 457-9375.

Mailing Address	Agency Name	<input type="text"/>									
	Bldg./Rm.	<input type="text"/>									
	Street	<input type="text"/>									
	City	<input type="text"/>					State	<input type="text"/>	ZIP Code	<input type="text"/>	

Check Action To Be Taken and Access Privileges →	NYBEAS:
	Permissions <input type="checkbox"/> New ID <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Reassign any worklist items to: _____
	Other Systems <input type="checkbox"/> Benefits Eligibility and Accounting (NYBEAS) <input type="checkbox"/> HBA On-Line

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 (Please Print)	Title	Telephone No.	FAX #
	Send Completed Forms To: IRM HELP DESK NYS Department of Civil Service Albany, New York 12239 Or Fax To: 518-485-5588			