



**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.

OSPS Use Only
Received Date Stamp

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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

- ☐ BA – ePaystub only
 - ☐ PA – ePaystub and eTime
 - ☐ 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: _____

For OSPS Use Only

____ PUSC Access Verified
____ OSPS Manager Approval

____ Online Access Granted
____ E-mail Notification to User(s)