



Form can be completed and saved in Adobe Acrobat Reader. Only complete forms will be processed.

CHECK ONE:

Add

Change

Deactivate

USER ID (Mainframe Logon):

EMPLOYEE NAME:

EMPLOYEE EMAIL ADDRESS:

WORK PHONE (include extension number):

AGENCY NAME:

SECTION/UNIT/FACILITY NAME:

WORK ADDRESS:

CICS PRINTER ID:

ORG CODE:

CHECK ALL ACCESSES NEEDED:

Post/Print Jobs (TSO)

Post Jobs Only

Print Jobs Only

PLEASE ROUTE FORM TO YOUR AGENCY HR OFFICE FOR APPROVAL:

AGENCY HR NAME (print or type):

AGENCY HR SIGNATURE : _____ Date:

COMPLETED AND SIGNED FORM IS TO BE FAXED OR SENT TO:

Classification and Compensation
West Virginia Division of Personnel
State Capitol, Building 6, Room 416
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305-0139

FAX: 304-957-0392