



ONLINE EMPLOYEE SECURITY FORM

Security Information Release Authorization Form

Client Four Digit ID: _____ 2nd ID _____ 3rd ID _____ 4th ID _____ 5th ID _____

Client Name: _____

Authorized Contact Name: _____

Authorized Contact Title: _____

Authorized Contact E-mail: _____

Phone Number: _____ Fax Number: _____

Signature: _____ Date _____
(Client authorized contact only)

Change existing user level access:

- None From "User" to "Company Level"* From "Company Level" to User" From Employee to Administrator
- From Administrator to Employee Add Admin to Employee Services Allow Access to ViewChoice reports
- No longer allow access to ViewChoice reports Reset password Delete user
- Other: _____

*This option requires making an employee an administrator

Add New User:

Payroll: None Administrator Data Entry Hours only

Employee Services: None Administrator Employee

View Choice: None Full Access

Online Employer: None Company Level Access (Allows User to Change Settings for Any User)

Tax Browser: None Full Access

HR Resource Center: None Online Access Telephone Consult

User Name: _____

User E-mail: _____

Fax form to the attention of the IT Department at 301-770-4666