

NPPS APPLICATION ACCESS REQUEST
(PAYROLL CONSOLIDATED CENTERS)

EMPLOYED BY:

REQUEST DATE: _____

NASA:

CONTRACTOR:

NAME: _____

MAIL CODE: _____

CENTER: _____

SSN #: _____

CITY: _____

PHONE: _____

STATE, ZIP: _____

EMAIL: _____

APPLICATION REQUESTED:

PAYROLL:

PERSONNEL :

PAYROLL SYSTEM ADMINISTRATOR

PERSONNEL SYSTEM ADMINISTRATOR

SUPERNATURAL USER

PAYROLL PROCESSOR

OTHER

PAYROLL OPERATIONS SUPPORTER

PAYROLL VIEWER

REMARKS:

TYPE OF REQUEST:

NEW

DELETE

REVISE

IF REVISE CHECK BELOW

IF REVISION IN DETAIL LEVEL PERMISSION
WRITE IN PERMISSIONS AND 'R' OR 'U'.

TIME AND ATTENDANCE

MASTER EMPLOYEE REC

VOUCHERING

TABLES MAINTENANCE

CASH AWARDS

SIGNATURES:

Supervisor

Date

Center Administrator

Date

CPO TECHNICAL POINT OF CONTACT :

DATE:

SIGNATURE MASTER ADMINISTRATOR:

DATE:

SIGNATURE CPO PAYROLL SECURITY ADMINISTRATOR:

DATE:

COMPLETE TOP PORTION OF FORM

ATTACHMENT B