KY-OSCAR USER ID REQUEST

ADD ☐ CHANGE ☐ DELETE ☐ REVOKE ☐

NAME: _____REV NUMBER _____

JOB TITLE: _____

PHONE NUMBER: (___) _____ EXTENSION NUMBER _____

STATION NUMBER: _____ P. O. BOX NUMBER _____

DISTRICT FIELD OFFICE: _____

CAPABILITY LEVEL:

☐ 00 Inquiry
☐ 10 Clerk/Notes
☐ 20 Collection Officer/Accountant
☐ 30 Unit Supervisor
☐ 40 Section Supervisor
☐ 50 Branch Manager
☐ 60 Assistant Director/Director
☐ 70 Commissioner

SUPERVISORS' NAME	**OSCAR USER ID**
Section Supervisor\Field Audit Supervisor: _____	ID: _____
Branch Manager\Field Dist. Manager: _____	ID: _____
Assistant Director\Field Regional Manager: _____	ID: _____
Director: _____	ID: _____
Executive Director: _____	ID: _____
Commissioner: _____	ID: _____

SUPERVISOR APPROVAL: _____ DATE: _____

Please Submit Completed Form to the Security Office, Station #17

SECURITY OFFICE _____ DATE: _____

COMPLETED BY _____ DATE: _____

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