West Virginia
Division of Personnel

# JOB POSTING ACCESS AUTHORIZATION

**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 (can only be 4 characters long):

ORG CODE:

CHECK ALL ACCESSES NEEDED: ☐ Post/Print Jobs (TSO) ☐ Post Jobs Only ☐ Print Jobs Only

PREVIOUS INCUMBENT:

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 SENT, FAXED OR EMAILED TO:

Classification and Compensation
West Virginia Division of Personnel
State Capitol Complex, Building 3, Suite 500
1900 Kanawha Boulevard, East
Charleston, WV 25305

DOP.ClassComp@wv.gov