DESIGNEE ACCESS FORM

CTC Account #: _____

Name of Employee: _____ Date: _____

Title: _____ Phone: _____

Email Address: _____ Section: _____

☐ Assign Designee Access Number
       Account Number: _____   Date: _____

☐ Terminate Designee Access Number
       Number to Terminate; _____   Date: _____

This form can be used for you to maintain complete records of the designee accounts you have issued.
Please <u>do not</u> send it into the Department.