EMPLOYEE ACCESS FORM

	County:		
	Employee Name:		
	PV#:		
Please DOR A	e check any/all that apply for thi	s employee:	
	KAVIS		
	Tangibles		
	PODD		
	Add to Move-It for report notifications		
	Property_Tax_Roll_CY MotorVehiclesPropertyTax If you are not using state e email address	mail as primary communicatior	n please provide the
Remo	ve Access		
	Delete all Access		
	Start date:	date: Ending Date:	
Justific	cation/Comments:		
	(Authorizing Person)	(Telephone)	(Date Signed)