



AUTHORIZATION TO PROVIDE ACCESS TO THE EMPLOYER PORTAL SERVICES

We request authorization for a user account the Employer Portal Service on behalf of:

Employer Name : _____

State Employer Account Number : _____

Federal Employer Account Number : _____

Name and Position Authorized Person : _____

Telephone Number (Authorized Person) : _____

Email (Authorized Person) : _____

Make a check mark in the transactions that you wish to provide access:

- A) Account Management**
- B) Password Change**
- C) Change Status of Business**
- D) Declare Wages (Payroll)**
- E) File Quarterly Report**
- F) Activity View**
- G) Demographic Data**
- H) Individual Registry**
- I) Massive Upload**
- J) Employer New Hire History Report**
- K) Pay Quarterly Report**
- L) SIDES Pin (State New Hire Registry)**

Employer Signature

Date

