REQUEST TO DELETE MULTIPLE HRS/COS OPERATORS

ATTN: Division of School Financial Services HRS Security & Operations Unit FAX (562) 922-6015

| Requestor Infor | 2. Request must | : be signed by authorized HRS (| Coordinator. | | |
|---------------------|----------------------------|---------------------------------|--------------|-----------------|------|
| DATE OF REQUEST | DISTRICT NO. (FIVE DIGITS) | DISTRICT NAME | | | |
| CONTACT PERSON | E-MAIL | | TITLE | TELEPHONE () - | EXT. |
| REQUEST APPROVED BY | SIGNATURE | | TITLE | TELEPHONE () - | EXT. |

Operator Information

| Please delete HRS/COS Security Access for the following operators. | | | | For LACOE Use Only | | |
|--|----------------|---------------------------------------|-----|--------------------|------|--|
| | | | HR | | _ | |
| OPERATOR ID | EMPLOYEE NAME | EID | SSS | SSS | DATE | |
| | | | | | | |
| OPERATOR ID | EMPLOYEE NAME | EID | SSS | SSS | DATE | |
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| | | | | | | |
| OPERATOR ID | EMPLOYEE NAME | EID | SSS | SSS | DATE | |
| | | | | | | |
| OPERATOR ID | EMPLOYEE NAME | EID | SSS | SSS | DATE | |
| | | | | | | |
| CONTRATOR ID | EMPLOYEE NAME | \[\] | | | | |
| OPERATOR ID | EMPLOTEE NAME | EID | SSS | SSS | DATE | |
| | | | | | | |
| OPERATOR ID | EMPLOYEE NAME | EID | SSS | SSS | DATE | |
| | | | | | | |
| OPERATOR ID | EMPLOYEE NAME | / EID | SSS | SSS | DATE | |
| OI EIGHOR ID | ENI ESTEE NAME | | 355 | 333 | DATE | |
| | | | | | | |
| OPERATOR ID | EMPLOYEE NAME | EID | SSS | SSS | DATE | |
| | | | | | | |
| OPERATOR ID | EMPLOYEE NAME | EID | SSS | SSS | DATE | |
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| OPERATOR ID | EMPLOYEE NAME | EID | SSS | SSS | DATE | |
| | | | | | | |
| OPERATOR ID | EMPLOYEE NAME | EID | SSS | SSS | DATE | |
| | | | | | | |
| OPERATOR ID | EMPLOYEE NAME | EID | SSS | SSS | DATE | |
| . OPERATOR ID | ETT ESTEE WATE | | 555 | 555 | DATE | |
| • | | | | | | |

YR, 01/04/2011 Request to Delete Multiple HRS/COS Operators