



REGISTRATION FORM ACCESS TO SALARY REFERENCE DATA

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|--|-------------|--------------|-----------|
| AGENCY CODE | | | |
| AGENCY NAME | | | |
| EMPLOYEE NAME | <i>Last</i> | <i>First</i> | <i>MI</i> |
| ROLE TITLE/ WORK TITLE | | | |
| POSITION NO. | | | |
| OFFICE PHONE <i>(With area code)</i> | | | |
| OFFICE FAX <i>(With area code)</i> | | | |
| EMAIL ADDRESS | | | |
| HR Director's Name and Signature | | | |