

**State of Georgia  
Department of Administrative Services  
End User Authorization for HR TruCheck**

I, (APO/UPO name) hereby authorize the below state employee(s) to have a password and login to obtain information on the HR TruCheck system through Database Systems International, Inc. (DSI). I understand that it is my responsibility to contact DSI if any changes need to be made to the below names such as the employee is terminated or transferred to another department. If changes should be made, I will contact DSI *in writing within 24 hours* with specifications.

**Security Levels:  
(check box that applies)**

Employee Name	Job Title	Email Address	Administrator	Pre-Employment	Input Only
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agency Name \_\_\_\_\_

Department/Title \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Contact E-mail Address \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Security Levels**

Administrator: Able to submit new cases, and may view all cases submitted by authorized users for their agency

Pre-Employment: May submit new cases and view the results of the cases only they submit

Input Only: Only allowed to submit new cases, cannot view results of cases

**Special Instructions:**