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| **WASHINGTON WORKFORCE ANALYTICS (WWA)**  **Agency Administrator Designation Form** | | | | | |
| *The agency director or designee must designate an agency administrator to be responsible for approving or denying an employee’s request to access to Human Resource and Payroll related data in the WWA Enterprise Data Warehouse (EDW).* | | | | | |
| **AGENCY ADMINISTRATOR** | | | | | |
| ☐ Add  ☐ Change | Name: | | | Phone Number: | |
| Business Area (Code): | | |
| Email: | | | Ext: | |
| Signature: | | | | Date: | |
| ☐ I acknowledge I am responsible for authorizing access to WWA, receiving signed Non-disclosure Agreements from employees, and notifying OFM IT when employee access is no longer necessary. | | | | | |
| **APPROVAL OF AGENCY DIRECTOR OR DESIGNEE:** | | | | | |
| Signature: | | | Date: | | |
| Printed Name: | | Email: | | | |
| E-mail the signed Agency Administrator Designation form to: | | OFM Help Desk  [HereToHelp@ofm.wa.gov](mailto:HereToHelp@ofm.wa.gov) | | | |
| **OFM IT USE ONLY** | | | | | |
| System security changes made by: | | | | | Date |