State of California
Department of Technology Services

TSO USER REQUEST

SUBMITTER			DEPARTMENTAL AUTHORIZATION		
Name:			**Print Name:**		
Department:			**Signature:**		
Phone Number:	**CALNET:**	**Date Submitted:**	**Phone Number:**	**CALNET:**	**DTS Customer Representative:**

ACCOUNTING INFORMATION

ACTION	USERID	USER'S NAME	ACCOUNT CODE	TMS CODE	ROUTE CODE	DESTINATION (Optional)	LOGON PROCEDURE

ACTION: **A=Add**
D=Delete
C=Change