

MyPortal Leave Implementation Request

Complete this form to request implementation of MyPortal leave and submit the completed form to the [OFM Help Desk](#).

Date of Request:

Agency:

Personnel Area(s) for Which Your Agency is Requesting to Implement MyPortal Leave:

(Example: the Office of Financial Management's personnel area is 1050 – list all personnel areas if more than one)

Number of Employees Who Will Use MyPortal Leave:

Date You Are Requesting Implementation:

The Following Prerequisites Must Be Completed

Organizational Structure has been Updated. Yes No

Do all employees have a valid work email address established in HRMS? Yes No

If **no**, has a business process been developed? Yes No

Does Your Agency Send a Time and Leave Activity Interface (Gap 1) and/or Second Quota Balances Interface (Gap 23)? Yes No

If **yes**, specify:

Contact Information (staff who will represent the agency during implementation)

Agency Business Team and/or Change Agent(s) *Add additional rows if needed*

Name:

Phone:

Email:

Name:

Phone:

Email:

Name:

Phone:

Email:

Signature

Director's/Deputy Director's Name:

Director's/Deputy Director's Signature:

Date: