



# Program Enrollment Form

## SECTION I. INSTRUCTIONS

The following information is to be provided by the Requesting Agency for all Enrollment Requests. Please ensure all fields, documents and applicable signatures have been obtained prior to submission.

## SECTION II. APPLICANT INFORMATION

Request Type		Email	
Account Type		Phone Number	
Requesting Agency		Street Address	
First Name		City	
Last Name		State	
Job Status		Zip Code	

## III. LIMIT REQUEST (For Accountholder Requests Only – Approvers Proceed to Section IV.)

Agency determined spending limits should be based on the individuals expected purchasing patterns. If it is determined that an Accountholder will require higher limits, which exceed the following maximum limits imposed, **an exception request will be required with submission of this form.**

Tier Limits	★ TIER 1		★ ★ TIER 2		★ ★ ★ TIER 3	
	Single TXN Limit	Monthly Credit Limit	Single TXN Limit	Monthly Credit Limit	Single TXN Limit	Monthly Credit Limit
<b>P-CARD</b>	\$1,500.00	\$7,500.00	\$3,000.00	\$15,000.00	\$5,000.00	\$25,000.00
<b>CBA</b>	\$1,500.00	\$7,500.00	\$3,000.00	\$15,000.00	\$5,000.00	\$25,000.00
<b>T-CARD</b>	\$1,000.00	\$5,000.00	-	-	-	-

<b>A.</b> Requested Tier	<b>B.</b> Agency Special Limits <small>(Exception Request required for limits that exceed the max. above)</small>	Single TXN Limit	Monthly Credit Limit
		\$ _____	\$ _____
		<b>Exception Requested:</b>	<b>Yes</b>

## SECTION IV. ADDITIONAL REQUIREMENTS – UPLOAD CENTER

### ALL DOCUMENTS MUST BE IN PDF FORMAT

**Instructions:** To complete your enrollment packet, please ensure the following requirements have been successfully completed, and then select the upload button next to each requirement to automatically attach it to your submission.

To view uploaded attachments: Choose the "View" menu → Place pointer on "Show/Hide" → Set pointer on "Navigation Panels" → Select "Attachments" to view


Click to Attach	Requirement	Location
	OST Statewide Card Policy Training - Certificate of Completion	⇒ LOGIN TO LEO ⇒ SUCCESSFACTORS TAB ⇒ SELECT 'VIEW MY LEARNING' ⇒ SEARCH 'OST STATEWIDE CARD POLICY TRAINING'
	Statewide Cardholder/Approver Agreement Form	<a href="#">Cardholder Agreement</a> <a href="#">Approver Agreement</a>
	DOA PowerPoint Training - Acknowledgement Form	<a href="#">DOA PowerPoint Card Policy Training</a>
	Exception Request <b>(If Applicable)</b>	<a href="#">Exception Form #1-</a> For Spending Limit Requests <a href="#">Exception Form #2-</a> For All Other Exceptions; Excluding Spending Limit Requests

## SECTION V. SIGNATURE APPROVALS (For Accountholder Requests Only)


APPROVER SIGNATURE:		DATE:	
APPROVER TITLE:		Are you also the employee's supervisor?	YES NO
SUPERVISOR SIGNATURE : <small>(ONLY IF DIFFERENT FROM APPROVER)</small>		DATE:	
DESIGNATED HEAD SIGNATURE:		DATE:	

## SECTION VI. FINAL SUBMISSION

1.

Confirm form has been fully completed & required documents attached. 

2.

Verify that all required signatures have been obtained in Section V. 

3.

**↓ CLICK TO SUBMIT ↓**

An email notification will be submitted to the employee upon submission & review of enrollment request.