

MRM – Local Access – Permissions

1. Local Number _____

2a. Privacy Officer

Name: _____
Address _____
Phone Number _____
Email Address _____
Employer _____
Has the Privacy Officer completed the PIPA Training:
Yes _____ No _____

2b. Alternate Privacy Officer

Name: _____
Address _____
Phone Number _____
Email Address _____
Employer _____
Has the Privacy Officer completed the PIPA Training:
Yes _____ No _____

3a. Read and Write Data Permission for Local

Name: _____
Address _____
Phone Number _____
Email Address _____
Employer _____
Has the member completed the MRM Training:
Yes _____ No _____

3b. Alternate Read and Write Data Permission for Local

Name: _____
Address _____
Phone Number _____
Email Address _____
Employer _____
Has the member completed the MRM Training:
Yes _____ No _____

4a. Data View Only Permission for Local

Name: _____
Address _____
Phone Number _____
Email Address _____
Employer _____
Has the member completed the MRM Training:
Yes _____ No _____

4b. Alternate Data View Only Permission for Local

Name: _____
Address _____
Phone Number _____
Email Address _____
Employer _____
Has the member completed the MRM Training:
Yes _____ No _____

5a . Read and Write Data Permission for Bargaining Unit.

Name: _____
Address _____
Phone Number _____
Email Address _____
Employer _____
Has the member completed the MRM Training:
Yes _____ No _____

5b. Alternate Read and Write Data Permission for Bargaining Unit.

Name: _____
Address _____
Phone Number _____
Email Address _____
Employer _____
Has the member completed the MRM Training:
Yes _____ No _____

6a. Read and Write Data Permission for Bargaining Unit.

Name: _____
Address _____
Phone Number _____
Email Address _____
Employer _____
Has the member completed the MRM Training:
Yes _____ No _____

6b. Alternate Read and Write Data Permission for Bargaining Unit.

Name: _____
Address _____
Phone Number _____
Email Address _____
Employer _____
Has the Privacy Officer completed the MRM Training:
Yes _____ No _____

7a. Read and Write Data Permission for Bargaining Unit.

Name: _____
Address _____
Phone Number _____
Email Address _____
Employer _____
Has the member completed the MRM Training:
Yes _____ No _____

7b. Alternate Read and Write Data Permission for Bargaining Unit.

Name: _____
Address _____
Phone Number _____
Email Address _____
Employer _____
Has the Privacy Officer completed the MRM Training:
Yes _____ No _____

8a. Read and Write Data Permission for Bargaining Unit.

Name: _____
Address _____
Phone Number _____
Email Address _____
Employer _____
Has the member completed the MRM Training:
Yes _____ No _____

8b. Alternate Read and Write Data Permission for Bargaining Unit.

Name: _____
Address _____
Phone Number _____
Email Address _____
Employer _____
Has the member completed the MRM Training:
Yes _____ No _____

9a. Read and Write Data Permission for Bargaining Unit.

Name: _____
Address _____
Phone Number _____
Email Address _____
Employer _____
Has the member completed the MRM Training:
Yes _____ No _____

9b. Alternate Read and Write Data Permission for Bargaining Unit.

Name: _____
Address _____
Phone Number _____
Email Address _____
Employer _____
Has the member completed the MRM Training:
Yes _____ No _____