Select one of the following actions:
☐ Add  ☐ Change  ☐ Delete

Name: ___________________________ Employee #: ___________________________
Title: ___________________________ Phone: ___________________________
Operator E-mail: ___________________________
Agency/Department: ___________________________
Operator Work Address: ___________________________

Access needed to following Dept. ID’s (If all, please state: “All in department”)
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

By execution and submission of this form, the requester acknowledges that data accessed through Vantage may include personal, sensitive and/or confidential information that may only be used for legitimate business purposes and may not be disseminated or shared with any person beyond that legitimate business purpose. Improper use, sharing or dissemination of such data may subject a State employee to discipline for violation of applicable State of Vermont Personnel Policies.

Requested by: ___________________________ Date: ________________
Title: ___________________________ Phone: ___________________________
Requestor E-mail: ___________________________

Approved by:* ___________________________ Date: ________________
Title: ___________________________ Phone: ___________________________
* (Signature of agency/department head or agency/department business manager required)

For Department of Finance & Management Use Only – Operator ID: ___________________________ ___________________________
Approved by: ___________________________ Date Approved: ___________________________

Send completed form to:
FIN.Vantage@vermont.gov

OR

Vantage Budget System Administrator
Dept. of Finance & Management
109 State St. 5th Floor
Montpelier, VT 05609

Form: Vantage New User Request Form