



ACP0002

Revision Date: 07-2023

Form Revisions Finalized by: Corey Scott

Agency Name and Number

Date of Request: _____

To: _____
Agency Program Administrator

A restriction lift is hereby requested for the following employee under my supervision **(please print or type all information as requested below).**

Employee Name as it appears on the card: _____

Last 4 of card: _____

Employee's Email: _____

Employee Work Phone :(_____)_____

Employee ID: _____

Requesting Authority (Supervisor) Name: _____

Requesting Authority (Supervisor) Email: _____

Check and complete restriction(s) that need to be lifted/ removed

Travel Car Rental Restaurant Accommodations Gas

Detailed Justification for Restriction Lift(s):

Temporary Annual

Printed Name: _____

Signed: _____ Date: _____
Requesting Authority (Supervisor)

Printed Name: _____

Signed: _____ Date: _____
Employee

Approved by Agency Program Administrator: _____

Date entered into system: _____