

CIPPS SECURITY AUTHORIZATION / DELETION REQUEST

Completed by Payroll Security Officer

TO: DOA CIPPS Security Coordinator (fax # 225-3499)

FROM: _____
(Print name of CIPPS Security Officer) (Title)

(Signature of CIPPS Security Officer) **DATE:** _____

(Circle One Below)

NEW I request a logon ID and security access to the Commonwealth Integrated Payroll/Personnel System (CIPPS) for the individual below.

CHANGE I request a security access change to the Commonwealth Integrated Payroll/Personnel System (CIPPS) for the individual below.

DELETE I request to delete the security access to the Commonwealth Integrated Payroll/Personnel System (CIPPS) for the individual below.

Security Access _____ (Multiple Access Allowed)
(Write in Security Access Type)

SECURITY ACCESS TYPES

- | | |
|-------------------|---------------------------------------|
| 1. Update Payroll | 4. Display Payroll |
| 2. Update Leave | 5. Display Leave |
| 3. Certification | 6. Other - as noted on attached sheet |

The above access is requested for the following agencies _____

Completed by the CIPPS USER (when NEW or CHANGE) / CIPPS Security Officer (when access Deletion requested)

By signing below, I hereby certify that I will not allow another individual to know and/or utilize my authorized access to CIPPS and/or CICS.

Name _____ Employee # _____
(Required)

Signature (Required if NEW or Change – not DELETE) _____ Email address (Required) _____

Title _____ Date _____

ACF2 logon id _____ Phone _____

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Signatures have been verified and DOA has taken requested action:

DOA Security Coordinator Signature _____ Date _____

Term Group _____ Operator _____ Passkey _____