

# CIPPS SECURITY AUTHORIZATION REQUEST

Completed by CIPPS Security Officer

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

FROM: \_\_\_\_\_  
(Print name of CIPPS Security Officer)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature of CIPPS Security Officer)

DATE: \_\_\_\_\_

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

New/Change/Delete  
(Circle One)

Security Access \_\_\_\_\_  
(Multiple Access Allowed)

## SECURITY ACCESS TYPES

- |  |  |
|--|--|
| 1. Update Payroll  | 4. Display Payroll                       |
| 2. Update Leave  | 5. Display Leave                         |
| 3. Certification – Must be on Authorized<br>Signature Card to disburse<br>Payroll (Payroll display included) | 6. Other - as noted on<br>attached sheet |

The above access is requested for the following agencies \_\_\_\_\_

Completed by the CIPPS USER

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 # \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Email address

Title \_\_\_\_\_

Date \_\_\_\_\_

ACF2 logon id \_\_\_\_\_

Phone \_\_\_\_\_

Signatures have been verified and DOA has taken requested action:

DOA Security Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Term Group \_\_\_\_\_ Operator \_\_\_\_\_ Passkey \_\_\_\_\_