

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
Signature Card to disburse
Payroll (Payroll display included) | 6. Other - as noted on
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 _____