

CIPPS SECURITY BATCH TRANSACTION REQUEST

DATE: _____

TO: Lora L. George
Director, State Payroll Operations and Charge Card Program
Administration

FROM: _____
(Print name of Approving Officer)

(Title)

(Signature of Approving Officer)

Please provide the individuals listed below with the required security to submit batch transactions to the Department of Accounts for the purpose of loading to CIPPS

NAME: _____

USER ID: _____

LOGON ID: _____

NAME: _____

USER ID: _____

LOGON ID: _____

NAME: _____

USER ID: _____

LOGON ID: _____

NAME: _____

USER ID: _____

LOGON ID: _____

I understand that temporary security will be provided to the agency for test purposes. Upon successful completion of the required test, security to write to a production dataset will then be provided.