CENTRAL PAYROLL BUREAU
ADDRESS CHANGE REPORT
SECURITY FORM

AGENCY PAYROLL CODE _____ AGENCY NAME _____

USER ACF2 LOGON ID _____ USER NAME _____

USER SIGNATURE _____ PHONE NUMBER _____

E-MAIL ADDRESS _____

RMDS ACCESS TO RG PAYROLL ADDRESS CHANGE REPORT – This authorizes access to view information contained in the Report Management and Distribution System for address change information for Regular payroll system employees. If access is needed for the whole agency, put a check mark on the line next to 'whole agency'. If access is limited to certain levels, please designate the levels to which access is authorized.

ACCESS PARAMETERS - WHOLE AGENCY _____ LEVELS _____

RMDS ACCESS TO CT PAYROLL ADDRESS CHANGE REPORT – This authorizes access to view information contained in the Report Management and Distribution System for address change information for Contract payroll system employees. If access is needed for the whole agency, put a check mark on the line next to 'whole agency'. If access is limited to certain levels, please designate the levels to which access is authorized.

ACCESS PARAMETERS - WHOLE AGENCY _____ LEVELS _____

I hereby give authority to this employee for the access listed above.

_____ _____
Appointing Authority Date Title

_____ _____
Name (Please Print) Phone Number

Forms should be sent to the following address:

Central Payroll Bureau
P. O. Box 2396
Annapolis, Md. 21404-2396
Attn: Karen Tobat
Questions: 410-260-7356

_____
CPB SECURITY OFFICER DATE